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Walden University

College of Social and Behavioral Sciences

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Karen A. Barnes

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Walden University
2019

Abstract

A Meta-Synthesis of Adolescent Psychological Help-Seeking

by

Karen A. Barnes

MSW, University of Maine, 2006

BS, University of Maine at Farmington, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

November 2019

Abstract

Although adolescents experience psychological difficulty at a rate higher than any other age group, most do not get the support they need. The purpose of this study was to explore perceptions about barriers, facilitating factors, and help-seeking preferences for psychological support among adolescents. This study involved Best, Gil-Rodriguez, Manktelow, and Taylor's conceptual framework pathways to online help-seeking to help explain adolescents' perceptions of factors that influence them seeking support as well as identify pathways for support. A qualitative meta-synthesis design was used to synthesize findings of individual qualitative studies into themes around the central phenomenon of adolescent help-seeking. Data were collected by conducting an exhaustive literature review that initially identified 634 potential records, 16 of which met the specific inclusion criteria. The findings of this study indicate that adolescents identify 2 distinct pathways for support: formal and informal sources. Adolescents in the studies identified preferred informal sources of support as family (most often mothers), and school personnel (most often teachers), and most did not see formal sources as a viable option. Trust emerged as a primary factor in who, if anyone, adolescents chose to seek emotional support from. Other indicators of help-seeking included self-reliance, mental health literacy, stigma, and helper characteristics. Social change implications of this study include encouraging opportunities for schools to promote help-seeking by increasing mental health literacy for both students and staff and collaborating with families and professionals to promote transition to formal services.

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Dedication

I dedicate this study and all of my work at Walden University to Dr. Barbara Solomon. Without your belief in my vision and financial support, this dream would not have become a reality for me. You have forever shaped my work with others and I hope what it yet to come will make you proud.

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Chapter 1: Introduction to the Study

Adolescence represents a time of significant life transitions such as completing secondary education or transitioning into a postsecondary setting, entering the workforce, establishing identity, and becoming more independent (Bernstein, Penner, Clarke-Stewart, & Roy, 2006; Heerde & Hemphill, 2018). These factors, combined with other psychological and social challenges during this time, may contribute to the mental health problems that surface with adolescents at a rate higher than any other age group (Heerde & Hemphill, 2018; Kauer, Mangan, & Sancu, 2014). Mental health problems are leading contributors to mortality and other disabling conditions among both male and female adolescents and young adults (Gore et al., 2011). Mental health problems and related issues, such as substance abuse, often emerge during adolescence and are significant contributors to mortality and lifelong disability (Heerde & Hemphill, 2018).

Despite the prevalence of mental health issues among adolescents, most adolescents do not get the psychological support they need (Bernstein et al., 2006; Essau, Conradt, & Petermann, 2000; Costello, He, Sampson, Kessler, & Merikangas, 2014; Hankin et al., 2015; Harrington, Rutter, & Fombonne, 1996; Heerde & Hemphill; Kauer, et al., 2014; Powers, Wegmann, Blackman, & Swick, 2014; Rossen & Cowan, 2014; Thapar, Colishar, Pine, & Thapar, 2012). By some estimates, as few as 10% of young people in need actually receive psychological support, leaving as many as 10 million without support (Powers et al., 2014; Rossen & Cowan, 2014). This disparity has led to research on various aspects of help-seeking behavior among youth. Understanding

adolescent help-seeking behavior is significant to improving adolescent mental health by accessing appropriate supports (Kauer et al., 2014).

Even though psychological help-seeking among various populations has been the center of research attention, there are still gaps in knowledge regarding the adolescent help-seeking experience, including attitudes, perceptions, and beliefs about barriers, facilitating factors, and help-seeking preferences that influence this behavior. To reach the adolescent population and provide support, additional information on help-seeking behavior is needed, which led to this study. Increasing understanding of how adolescents seek psychological support has implications for educational policy makers, social workers in schools and communities, and researchers. Although there is much qualitative research in social work, few studies have involved a meta-synthesis methodology (Aguiree & Whitehill-Bolton, 2014), especially regarding help-seeking among adolescents (Best, Gil-Rodriguez, Manktelow, & Taylor, 2016; Gulliver, Griffiths, & Christensen, 2012; Spence, Owens-Solari, & Goodyear, 2016). Meta-synthesis contributes to the knowledge base by culminating findings from individual studies and merging them into themes and patterns. Thus, this method can contribute to more in-depth knowledge on adolescent help-seeking for psychological support.

Chapter 1 introduces the background of the study, including the gap in knowledge that this study will address and why this study is needed in the field of social sciences. The problem statement is then presented, followed by the purpose of the study, research questions, theoretical and conceptual framework, nature of the study, definitions,

assumptions, scope and delimitations, limitations, significance, and finally, a summary of the introductory chapter.

Background

Adolescence represents a time when individuals experience an increase in psychological difficulty (Essau et al., 2000; Hankin et al., 2015; Harrington et al., 1996; Heerde & Hemphill, 2018; Kauer et al., 2014; Thapar et al., 2012). This difficulty can manifest in symptoms of depression, which is among the leading causes of illness, affecting almost 20% of people at some point during their lifetime (van de Leemput et al., 2014). Although depression can emerge at any age, most often symptoms occur before 14 years of age (World Health Organization [WHO], 2017). Young people experiencing depressive symptomology are at increased risk for suicide, making it important to understand the beliefs, perceptions, and experiences that influence help-seeking behavior among young people. Additionally, people experience anxiety at an even higher rate of almost 34% (Bandelow & Michaelis, 2015), with almost 7% occurring during childhood and adolescence (Polanczyk, Salum, Sugaya, Caye, & Rohde, 2015). Despite the emotional challenges young people face, most do not access psychological support. It is estimated that 90% of school-aged children do not receive the psychological support they need (Labouliere, Kleinman, & Gould, 2015; Powers et al., 2014; Rossen & Cowan, 2014).

Adolescents who do seek psychological support have been found to utilize two distinct pathways including informal and formal sources (Best et al., 2016; Bradford & Rickwood, 2014; Rickwood & Thomas, 2012). Sources of formal support identified in

the literature vary but often include mental health professionals, counselors, psychiatrists, social workers, or therapists (Rickwood, Bradford, & Thomas, 2012; Rickwood & Thomas, 2012). Most research has been focused on formal supports, which includes sources such as professional people or organizations (Rickwood & Thomas, 2012). When positive attitude toward seeking support comes from an individual who witnessed psychological difficulty, there is increased acceptance of the need to seek formal support and an increased realization of the seriousness of the problem (Murphy, Hunt, Luzon, & Greenberg, 2014).

Sources of informal support are those involving family, friends, or another that the individual has a personal relationship with (Best et al., 2016; Rickwood et al., 2012; Rickwood & Thomas, 2012). Informal support by itself is rarely the focus of study, with only 2% of research specifically exploring this area (Rickwood et al., 2012). Key benefits to accessing informal support include immediate availability and ease of access (Best et al., 2016). Additionally, accessing informal sources of support are often perceived more positively than formal sources (Rusch et al., 2014). However, the perceived public stigma (Gulliver et al., 2012; Rowe, French, Henderson, Ougrin, Slade, & Moran, 2014; Topkaya, 2014) and internal stigma (Rusch et al., 2014; Spence et al., 2016) associated with seeking supports often serves as a barrier to help-seeking, especially among adolescents.

Adolescents also generally access psychological support by utilizing either face-to-face or online pathways. Most adolescents today have a cell phone and spend a considerable amount of time connected to the Internet (Madden, Lenhart, Duggan,

Cortesi, & Gasser, 2013; Rideout, Foehr, & Roberts, 2010). This ease of access may indicate a preference to access psychological support via the Internet rather than face-to-face; however, as noted with formal and informal pathways of support, there are both barriers and facilitating factors. The traditional barriers with face-to-face services, such as availability, cost, and transportation, make online support an attractive option for young people (Anderson & Titov, 2014; Kauer et al., 2014; Laranjo et al., 2014; Sampasa-Kanyinga & Lewis, 2015). However, the primary facilitating factor for face-to-face support is the human connection and interaction. Barriers to online pathways for support include lack of awareness of resources and uncertainty about whether the support was confidential (Kauer et al., 2014). But ease of access, immediacy, and lack of perceived judgment are facilitating factors to receiving support online (Best et al., 2014; Rickwood & Thomas, 2014).

Research has also shown that there are distinct differences between males and females regarding help-seeking behavior. Many studies have indicated that females are more likely than males to seek support for psychological problems (Clement et al., 2015; Sawyer et al., 2014; Topkaya, 2014), because females may be more likely than males to disclose their problems (Best et al., 2016). This may be attributed to the difference in gender norms and expectations. Stigma related concerns generally impact female help-seeking behavior less than males (Clement et al., 2015; Ellis, Collin, Hurley, Davenport, Burns, & Hickie, 2013; Topkaya, 2014; Yousaf, Grunfeld, & Hunter, 2015). Therefore, formal support is appealing to young males, especially when they can access these supports online, as they are able to access professional support and still maintain

confidentiality and anonymity (Best et al., 2016). Additionally, a positive current or past relationship with a health or mental health professional may enable them to seek formal psychological support (Gulliver et al., 2012). Positive attitude and support from a significant other also positively influences the formal help-seeking behavior for males in need of psychological support (Gulliver et al., 2012; Harding & Fox, 2015).

As indicated, many qualitative studies have addressed various aspects of adolescent help-seeking. However, each study has examined the phenomenon independently, resulting in isolated knowledge. This study was a qualitative meta-synthesis to aggregate the findings of individual studies to establish themes and patterns to contribute to a deeper understanding of the perceptions and experiences of adolescents regarding psychological help-seeking behaviors.

Problem Statement

As many as 10 million youth in the United States need support for psychological problems, but fewer than 20% of school-age children in need receive professional treatment through formal avenues (Powers et al., 2014). Prior research indicates that adolescents use both formal (professional people or organizations) and informal (social networks consisting of family or friends) pathways to access psychological support (Best et al., 2016; Bradford & Rickwood, 2014). However, the highest intention is to not seek help at all (Bradford & Rickwood, 2014; Gulliver et al., 2011). In addition to factors such as fear of stigma, shame, and embarrassment associated with support through formal and informal pathways, barriers to accessing support also involve cost, availability of services, and transportation (Burns & Birrell, 2014; Chikovani et al., 2015; Clarke,

Kuosmanen & Barry, 2015; Gulliver et al., 2012; Harding & Fox, 2015; Mackenzie, Erickson, Deane & Wright 2014). The number of young people not receiving support, combined with the significant psychological needs of this group, highlights the importance of further research on adolescent help-seeking behavior.

Research has also indicated adolescent preference for accessing support in-person or via the Internet. Given the early age of first Internet use (O'Neill, Livingstone & McLaughlin, 2011) and the amount of time adolescents spend online (Best, Manktelow & Taylor, 2014; Martinez-Prather & Vandiver, 2014), much research has focused on how adolescents seek help online (Best et al. 2014; Bradford & Rickwood, 2014; Sampasa-Kayinga & Lewis, 2015; Yablon, 2008). For example, Bradford and Rickwood (2014) explored adolescent help-seeking preferences in an urban area in Australia and found that high rates of Internet use among adolescents did not correlate to a preference for online support and those who needed help preferred face-to-face. Although adolescents are utilizing the Internet at increasing rates, there is no evidence to support that they prefer to access psychological support virtually. However, research continues to focus on online help-seeking and many interventions are geared toward youth receiving support via the Internet (Best et al., 2014; Ellis et al., 2013; Kauer et al., 2014, Rickwood, Mazzer, & Telford, 2015; Sampasa-Kayinga & Lewis, 2015; Yablon, 2008).

Much qualitative research has been conducted to explore a specific area of adolescent psychological help-seeking via face-to-face and the Internet through formal and informal avenues. Although individual study has policy and practice implications, additional study is necessary in the area of synthesizing previous research to broaden

understanding of adolescent help-seeking for psychological support. This deeper understanding can influence policy and practice and positively impacting adolescent psychological health. Policy implications of conducting a meta-synthesis of qualitative research include developing practices to help youth locate and access resources and building comprehensive service plans to include preferred sources of support. Practice implications include assisting those interacting with adolescents, such as school personnel, coaches, and parents, with the skills they need to help facilitate the utilization of resources via various pathways.

Purpose of the Study

The purpose of this meta-synthesis study was to explore perceptions about barriers, facilitating factors, and help-seeking preferences for psychological help-seeking among adolescents. This study was conducted to synthesize findings from qualitative studies to identify commonalities among adolescents with regard to seeking support for psychological problems.

Research Question

The research question that guided this meta-synthesis study was “What are adolescents’ perceptions about barriers, facilitating factors and help-seeking preferences that shape the overall psychological help-seeking experience?”

Conceptual Framework

The framework that guided this study was Best et al.’s (2016) pathways to online help-seeking model, which was developed to help explain the avenues that adolescent males use to seek psychological support. Best et al.’s model of adolescent online help-

seeking and mental health service utilization includes formal and informal pathways for seeking help and support (Andersen, 2008; Rickwood, Deane, Wilson, & Ciarrochi, 2005) as well as barriers and facilitating factors of each pathway. This conceptual model provided additional insight into the pathways for online help-seeking behavior, which is an important element in the overall study of help-seeking, as online services (both informational and supportive) are the first point of contact for many people seeking psychological support (Best et al., 2016).

I utilized Best et al.'s (2016) pathways to online help-seeking to help synthesize findings from studies addressing the perceptions and experiences of adolescents seeking psychological help face-to-face and/or through the Internet. This framework of informal and formal pathways helped explain barriers and facilitating factors for psychological help-seeking among adolescents, which fit with the purpose of the study. Although Best et al. originally developed this framework for Internet help-seeking, I employed it for psychological help-seeking via face-to-face and the Internet. Although there are some differences in the barriers and facilitating factors, there are some commonalities with regard to (a) mental health literacy, (b) self-stigma, (c) past experiences, (d) self-reliance, (e) perceived benefit, and (f) gender norms (Best et al., 2014; Bradford & Rickwood, 2014; Chicovani et al., 2014; Clement et al., 2015; Gulliver et al., 2012; Heerde & Hemphill, 2018; Kauer et al., 2014; O'Connor, Martin, Weeks & Ong, 2014; Rusch et al., 2014; Sawyer et al., 2014; Spence et al., 2016; Topkaya, 2014; Yousaf et al., 2015).

Nature of the Study

This study involved a qualitative meta-synthesis (QMS) design. This approach, most commonly used in the field of nursing (Campbell et al., 2003; Finlayson & Dixon, 2008), is becoming more prevalent in social science research, including research in social work (Aguirre & Bolton, 2014; Bolton, Praetourius, & Smith-Osborne, 2016; Corcoran, Brown, Davis, Pineda, & Kadolph, 2013; Lachal, Revah-Levy, Orri & Moro, 2017; Lucero & Leake, 2016). The QMS approach allows for the interpretive merging of findings of individual primary studies into themes, which can be “greater than the sum of parts” (Campbell et al., 2003, p. 672). Synthesis of qualitative data provides a way to explore rich interpretations of experiences and perceptions associated with typical qualitative research on a broader spectrum across participants and contexts (Lachal et al., 2017). Additionally, qualitative research conducted in isolation has been criticized for not playing a role in policy or practice (Evans & Pearson, 2001; Lachal et al., 2017).

Qualitative meta-synthesis was chosen for this study because it allowed me to interpret findings from primary studies related to the central phenomenon of help-seeking behavior among adolescents. Exploring the attitudes, perceptions, and beliefs about barriers, facilitating factors, and help-seeking preferences that shape the overall experience of adolescents through meta-synthesis contributes to the gap in utilizing this methodology with this specific population. This method also allowed me to access information from a vulnerable population without directly accessing them again and causing undue burden and without cost factors associated with collecting primary data. The method of utilizing data that was previously collected has a deep history in social

science research (Frankfort-Nachmias & Nachmias, 2008). In this study, the data were utilized for similar purposes but aggregated into identified themes with regard to the central phenomenon, adolescent help-seeking for psychological support. Additional key concepts included the age of adolescence, formal and informal supports, and barriers and facilitating factors to seeking psychological support.

The primary studies included in this meta-synthesis were preliminarily identified through an electronic database search of abstract and title search utilizing keywords (*adolescent** OR *young people** OR *child*) AND (*mental health** OR *mental illness** OR *psychological support*) AND (*help seeking**) AND (*qualitative**) in the following databases: Academic Search Complete, psychInfo, pubmed, SAGE journals, socINDEX with full text, and Science Direct. Inclusion criteria consisted of peer-reviewed journals, studies that utilized a qualitative methodology, and with reported findings in English. Exclusion criteria included studies with a quantitative methodology, those focused on adult participants, those that were reported in any language other than English, and those that did not provide first person perspective or experience. Potential studies for inclusion were not limited by a date range. Following this initial identification of potential eligibility for inclusion in the study, the full articles were read to determine inclusion or exclusion. The articles chosen for inclusion were then coded according to content analysis to identify any recurring patterns or themes (Patton, 2015) that were identified by codes to assist me with explaining what was found within the data (Creswell, 2013; Gibbs & Taylor, 2005).

Definitions

Important definitions for this study include the key concepts and other terms relevant to the study that require concise definition. The following definitions represent meaning for each term as it relates to the purpose of this study.

Adolescent: Young people between 12 and 21 years of age were considered adolescents.

Formal support: The help-seeking behavior of adolescents that involves accessing professional networks and services, including mental health services (Best et al., 2016).

Help-seeking behavior: The process involving the transition between the onset of psychological stress and the act of seeking assistance to manage the difficulty (Rickwood et al., 2005).

Informal support: The help-seeking behavior that involves seeking support through informal networks including family and friends that represent a personal relationship with the person seeking help (Rickwood et al., 2012).

Preference: For the purpose of this study, *preference* was defined as the choice of support for psychological assistance through formal and informal pathways either in person or via the Internet.

Psychological distress: For the purpose of this study, *psychological distress* was conceptually defined by the following characteristics: (a) perceived inability to cope effectively, (b) change in emotional status, (c) discomfort, (d) communication of discomfort, and (e) harm (Sheila, 2004).

Psychological support: In this study, psychological support refers to support that is sought to assist with either diagnosed mental health problems as well as generic terms for psychological distress (Rickwood & Thomas, 2012).

Stigma: The attitudes and beliefs about mental health and mental illness that contribute to negative thinking and stereotyping about those who seek help and their families (Mental Health Commission of Canada, 2009).

Assumptions

There are basic assumptions inherent in qualitative research. By design, qualitative research is based on the assumption that meaning is derived from the experiences of individuals from which they create and attach meaning to those experiences, which ultimately becomes their reality (Patton, 2015). Because this study consisted of exploring the findings of several qualitative studies across various approaches, the assumption exists that synthesizing the literature on adolescent psychological help-seeking will contribute meaningfully to understanding of this phenomenon.

There are basic assumptions that apply to qualitative meta-synthesis as well. Because the QMS methodology consists of reviewing individual studies that met the inclusion criteria, it is assumed that the primary studies chosen met standards of trustworthiness (Erwin, Brotherson, & Summers, 2011). In qualitative research, establishing dependability (the qualitative counterpart to reliability in quantitative research) and increasing credibility (internal validity) are strategies for addressing issues

of trustworthiness in a study. In this study, it was assumed that the individual studies chosen for inclusion met criteria for dependability and credibility.

Scope and Delimitations

The scope and delimitations are attributes that define the limits and boundaries of any study. In this study, the target population was adolescents between 12 and 19 years of age. The problem of focus was adolescents in need of psychological support, which is sought to assist with either diagnosed mental health problems or emotional distress (Rickwood & Thomas, 2012). The period of adolescence was chosen because of onset and prevalence of mental health needs of this group and their unique relationship to help-seeking behavior (Essau et al., 2000; Hankin et al., 2015; Harrington et al., 1996; Heerde & Hemphill; Kauer et al., 2014; and Thapar et al., 2012).

This study was centered on the perceptions about barriers, facilitating factors, and help-seeking preferences among adolescents for psychological support. Much of the research focus thus far has centered on formal sources of support only (Rickwood & Thomas, 2012). Thus, the scope of this study included perceptions about barriers and facilitating factors about preferences including both formal (professional networks and services) and informal (family and friends) sources of psychological support. Additionally, preference for accessing support face-to-face or via the Internet were explored. As such, the findings contribute to the gap in available synthesized research and provide insight into the overall adolescent psychological help-seeking experience.

Transferability in qualitative research refers to the degree that it can be generalized to the larger population. Unlike much qualitative research with a single study

design, the results of the QMS approach used in this study could be applied to groups of adolescents other than those involved in the primary studies.

Limitations

The primary studies used in this research had limitations, because all chosen studies utilized qualitative methodology, which has inherent limitations such as generalization. Within the field of research, generalization refers to broadening results or findings from studies involving certain individuals, situations, time periods, or places to others than those studied (Polit & Beck, 2010). Although qualitative research can lack external generalization, there is significant potential to generalize findings internally, or within the study to other individuals, situations, time periods or places that were not studied (Maxwell, 2005). In this study, there is potential for internal generalizability to adolescents regarding psychological help-seeking.

Additionally, the synthesis of qualitative research has limitations. The main limitation and criticism of the meta-synthesis of qualitative research is that different qualitative methods, including grounded theory, case study, ethnography, phenomenology, narrative inquiry, were used in the primary studies as opposed to one approach (Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005). To mitigate this limitation, I reviewed pertinent literature on how to conduct a meta-synthesis of primary studies using various qualitative methods in various disciplines as well as within social science research (Dixon-Woods, et al, 2005; Erwin et al., 2011; Finlayson & Dixon, 2008; Lachal, et al., 2017; Walsh & Downe, 2005).

Finally, a limitation of qualitative meta-synthesis is that, unlike its quantitative counterpart meta-analysis, this method does not determine a causal relationship between variables involved in the study. Although determining causal relationships is beneficial in the study of social science problems, synthesizing findings from individual studies all focusing on the same central phenomenon can also be beneficial. This study involved synthesizing findings from individual qualitative studies that focused on adolescent help-seeking for psychological problems.

Significance

Understanding the perceptions about barriers, facilitating factors, and preferences for support that shape the help-seeking experiences of adolescents has many implications for policy, practice, and research. Potential policy implications for educational institutions include (a) the development of practices to assist adolescents with how to locate preferred psychological supports and (b) the development of plans to address care for identified youth psychological needs that incorporate help-seeking preferences (Bradford & Rickwood, 2014). For example, because adolescents prefer to seek support initially from an adult within the school, schools may develop professional development training requirements for school personnel to address how to support students and facilitate assistance through formal avenues. Practice implications within schools include helping professionals educating youth about how to locate and access support for psychological problems (Best et al., 2016). Additionally, professional services providers may need to collaborate with schools to develop working partnerships to facilitate the transition from disclosure to informal sources to receiving professional support. Possible

research implications of this study include further qualitative research to examine antecedents to psychological issues causing adolescents to seek support and additional quantitative research to examine hypotheses that this study may reveal.

In addition to policy, practice, and research implications, this study has potential for positive social change. The findings from this study may provide parents, school personnel, mental health providers, policy makers, and future researchers with insight into how adolescents prefer to access information, support, and services to seek help for themselves. This increased understanding may aid in the development of policies and practices to support improved mental health for our youth. Increased understanding of the process of help-seeking for this group can improve emotional health for adolescents, which can positively impact individuals, families, and communities.

Summary

Help seeking has been studied to understand intentions and behavior in isolated studies; however, a synthesis of relevant literature has not been conducted to contribute to a more in-depth understanding of adolescent help-seeking for psychological support. Increased understanding of the perceptions and experiences of adolescents with regard to seeking psychological support that meta-synthesis affords can influence practice and policy and improve adolescent psychological health. This chapter introduced the research problem, the background for the study, and the purpose of the study, research questions, and theoretical framework. Additionally, the nature of the study was reviewed, along with the delimitations, assumptions, scope of the study, limitations, and significance of the study.

Chapter 2 will review current literature on adolescent help-seeking for psychological support. Primary areas of focus include the theoretical framework of the study related the literature review and the concept of help-seeking as it relates to formal and informal sources of support, adolescence, and facilitators and barriers to seeking help.

Chapter 2: Literature Review

Introduction

It is estimated that as many as 20% of adolescents need psychological support, but most do not receive it (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Costello et al., 2014; Heerde & Hemphill, 2017; Powers et al., 2014; Rossen & Cowan, 2014). Research has shown that less than 10% of young people receive the support they need (Powers et al., 2014), leaving approximately 10 million young people in the United States alone in need of psychological support (Rossen & Cowan, 2014). Therefore, the purpose of this meta-synthesis study was to explore perceptions about barriers, facilitating factors, and help-seeking preferences for psychological help-seeking among adolescents by synthesizing findings from qualitative studies. Barriers to psychological support among adolescents include poor mental health literacy, stigma, negative past experiences, self-reliance, and practical barriers that restrict access to services (Bradford & Rickwood, 2014; Chicovani et al., 2014; Gulliver et al., 2012; Harding & Fox, 2015; Mackenzie et al., 2014; Rowe et al., 2014; Spence et al., 2016; Topkaya, 2014; True, Rigg, & Butler, 2014; Yousaf et al., 2015). Factors that facilitate psychological help-seeking include perceived positive benefit, positive relationship with provider, positive attitudes of others, and access to services (Burns & Birrell, 2014; Clarke et al., 2015; Gulliver et al., 2012; Murphy et al., 2014; O'Connor et al., 2014).

Throughout this chapter, an exhaustive literature review of this study's key concepts will be discussed. In addition, an explanation of the conceptual framework that guided the study will be presented. The chapter concludes with a summary of key points

including how this study extends the knowledge base of how adolescent help-seeking behavior is influenced by attitudes, perceptions, and beliefs about barriers, facilitating factors, and help-seeking preferences for psychological support.

Literature Search Strategy

Information regarding help-seeking behavior was gathered from Google Scholar and the following databases and search engines at the Walden University library: Pro Quest, Wiley Online, Science Direct, EBSCO Open Access Journals, Academic Search Complete, Pro Quest Central, Soc Index with Full Text, Pub Med Open Access, Medline with Full Text, and Taylor and Francis. In addition, Pro Quest was used to review dissertations at Walden University. The following search terms were used: *help-seeking*, *help-seeking behavior*, *adolescent help-seeking*, *informal help-seeking*, *mental health help-seeking*, *depression help-seeking*, *anxiety help-seeking*, *help-seeking barriers*, *help-seeking facilitators*, *online help-seeking*, *Internet help-seeking*, *face-to-face help seeking*, and *help-seeking theory*. Types of literature reviewed included peer-reviewed journals and dissertations.

Various populations have been studied regarding help seeking, including adults and young people as well as males and females. In addition, much research has centered on barriers and facilitators of help-seeking behavior. Sources of support include formal and informal options accessed either in-person or online. Although there has been continued study of this concept, the literature review revealed a lack of a commonly accepted definition of help-seeking behavior as well as the absence of a commonly accepted theoretical or conceptual framework to study this concept.

Conceptual Framework

Best et al. (2016) developed a conceptual model to explain the online pathways that young adolescent males utilize to seek help. This model identified two separate help-seeking pathways (formal and informal) and acknowledged barriers and facilitating factors of each pathway. Informal pathways include support through an individual's social network. The benefits of seeking support through informal avenues include access and the ability to manage the amount of information disclosed, as many find it easier to disclose information via writing instead of in person. An additional facilitator of accessing informal supports online is the inability to see the reaction of the party who is receiving the information, which helps lessen feelings of embarrassment and perceived judgment, which in turn, promotes disclosure (Best et al., 2016).

Conversely, facilitating factors of utilizing formal pathways include (a) the anonymity while still accessing professional services, (b) the confidentiality associated with disclosing in this format, and (c) the alleviation of trust issues that are present with disclosing information via informal pathways. The increased level of trust and control associated with formal sources of supports facilitates disclosure (Best et al., 2016). However, formal online support is the least utilized pathway, likely due to the limited amount of available online professional services and the lack of knowledge of services that are available.

Although there have been previous empirical explorations of help-seeking behavior in young people, most research has been focused on formal sources of support, creating a need to examine informal and formal pathways to understand adolescents'

behavior and influence policy (Srebnik, Cauce, & Baydar, 1996). For instance, Anderson and Newman's (1973) early help-seeking model served as a useful early framework to explore help-seeking behavior and included both formal and informal sources of support; however, it focused on the stages of help-seeking and corresponding factors associated with progress throughout the stages. But this early framework provided a foundation for Best et al. (2016) to focus in on formal and informal avenues of psychological support for adolescent males and the identification of facilitators and barriers for accessing each pathway.

Other studies have used a pathways conceptual framework to examine the help-seeking behavior among various populations. Sylaska and Edwards (2014) and Evans and Feder (2014), for example, found that most victims of domestic violence, particularly when the victim was female, chose to disclose to at least one person by utilizing an informal pathway for support. The initial support through informal pathways led to formal support only in instances when the informal support had previous experience with or specific knowledge about domestic violence (Evans & Feder, 2014). Additional research inquiry into the process of informal disclosure can shape interventions by educating informal support sources on how to respond to disclosure (Evans & Feder, 2014).

Best et al.'s (2016) conceptual model provided additional insight into the pathways for online help-seeking behavior, which is important to studying help seeking, as online services (both informational and supportive) are the first point of contact for many people seeking psychological support. The identification of various pathways for

support is beneficial in the study of adolescent help-seeking behavior for psychological problems. I used the model to better understand adolescents' perceptions and experiences of barriers and facilitating factors for formal and informal pathways of psychological support via face-to-face and/or the Internet.

Literature Review Related to Key Terms

In this literature review, attention was given to key terms relating to the study. This included review of previous study of adolescent help-seeking perceptions and experiences via face-to face and/or the Internet. Additional key terms related to help-seeking behavior include *informal help-seeking*, *formal help-seeking*, *mental health help-seeking*, and *help-seeking barriers*, and *facilitators*. Research of these significant terms provided a foundation for this study.

Definitions of Help-Seeking

Although there has been research on help-seeking behavior over time, there has been a more recent surge in the study of this concept, particularly in the United States (Rickwood et al., 2012). Even though many studies have focused on aspects of help-seeking among various populations, this literature review revealed that there is a lack standard definition of help-seeking behavior. The lack of a common definition makes it difficult to draw conclusions among studies (Rickwood & Thomas, 2012; Rickwood et al., 2012). Further, in many studies that I reviewed, help-seeking behavior was not defined, perhaps as an assumption that the meaning of the term was evident.

The dictionary meaning of *help-seeking* is to find assistance to improve a situation or problem (Rickwood & Thomas, 2012). Within the context of seeking support for

psychological problems, Rickwood et al. (2012) proposed the following operational definition to support consistency and allow comparison between works: “In the mental health context, help seeking is an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern” (p. 30). This inclusive definition allows for consideration of many elements of help-seeking including timeframe, form and type of assistance, and specific area of concern for which someone is seeking help (Rickwood et al., 2012). The WHO also proposed the following comprehensive definition of help-seeking behavior related to adolescent help-seeking behavior:

Any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way. This includes seeking help from formal services—for example, clinic services, counselors, psychologists, medical staff, traditional healers, religious leaders or youth programs—as well as informal sources, which includes peer groups and friends, family members or kinship groups and/or other adults in the community. The “help” provided might consist of a service (e.g. a medical consultation, clinical care, medical treatment or a counseling session), a referral for a service provided elsewhere or for follow-up care or talking to another person informally about the need in question. We emphasize addressing the need in a positive way to distinguish help-seeking behavior from behavior such as association with anti-social peers, or substance use in a group setting, which a young person might

define as help- seeking or coping, but which would not be considered positive from a health and well- being perspective. (Barker, 2007, p. 2)

Additionally, three further categories of help-seeking behavior were identified as (a) seeking help for specific health needs, (b) seeking help for developmental needs, and (c) seeking assistance for problems related to personal stress (Barker, 2007). This study focused on help-seeking behavior for the latter.

Help-Seeking Measures

Review of the literature revealed that although help-seeking behavior was the focus of an increasing amount of research, there was no standard measurement used across studies. For instance, Rickwood et al. (2012) conducted a review of previous research and determined that only 31% of the studies used a standardized measure, whereas 69% used a nonstandardized measure developed for the study. When standardized measures were used, the two primary measures included the Attitudes Toward Seeking Professional Psychological Help Scale and the General Help Seeking Questionnaire.

Attitudes Toward Seeking Professional Psychological Help Scale. The Attitudes Toward Seeking Professional Psychological Help Scale is the most commonly used measure of help-seeking behavior. The original scale was made up of 29 questions that address an individual's attitude about seeking help for psychological problems, but some studies utilized the brief 10-question version that was developed after the initial scale (Rickwood et al., 2012). The full-scale version addresses (a) recognizing the need for help, (b) tolerance for stigma associated with receiving psychological support, (c)

intrapersonal openness about the problem, and (d) the level of confidence in mental health providers (Rickwood et al., 2012). Although this measure has not been used solely with adolescents, it has been found to be a valid and reliable instrument among other groups of young people such as university students (Andoh-Arthur, Asante, & Osafo, 2015; Elhai, Schrinle, & Anderson, 2018).

General Help-Seeking Questionnaire. The General Help-Seeking Questionnaire was also often used in studies to assess future help-seeking intentions among adolescents. The General Help-Seeking Questionnaire was determined to be valid and reliable following its trial among 218 high school students between 12 and 19 years of age (Rickwood et al., 2005). The instrument consists of a 7-point rating scale that participants use to indicate the likelihood of seeking help from the indicated source for a problem.

Previous measures used to assess help-seeking intentions exhibited many limitations such as unclear definitions of constructs, which threatened the validity of the instrument (Rickwood et al., 2005). For example, Cohen's (1999) Willingness to Seek Help Questionnaire was often utilized to assess help-seeking intentions but demonstrated the following limitations: (a) some items assessed attitudes and beliefs rather than intentions, (b) the items did not allow for measurement of different types of problems, and (c) some items measured willingness to seek help, which is a related concept but not the same as intention (Rickwood et al., 2005). The General Help Seeking Questionnaire is a more suitable instrument to measure help-seeking intentions, as it addresses the limitations of prior instruments and utilizes a format that the researcher can modify based

on the type of problem being assessed and the source of the help being sought (i.e., informal or formal). For example, Bradford and Rickwood (2014) utilized the General Help Seeking Questionnaire to assess the preferred mode of mental health service delivery among adolescents between 15 and 19 years of age.

Help-Seeking Among Adolescents

Many adolescent individuals are not seeking help when necessary (Burns & Birrell, 2014; Rusch et al., 2014). Seeking help for psychological problems may have intrinsic barriers for adolescents. Help seeking requires the (a) ability to be aware of a problem, (b) ability to express the need for help, (c) identification and access of sources of help, and (d) a willingness to seek out support and disclose personal information (Kauer et al., 2014). Similarly, most help seeking models involve (a) recognizing there is a problem, (b) deciding to seek help, and (c) selecting a source of help (Heerde & Hemphill, 2018). Each of these can be viewed as a barrier to seeking support, especially in the adolescent population. Additionally, the cost of services and lack of available services are barriers for young people who are seeking in-person support (Kauer et al., 2014). Other barriers to face-to-face help-seeking for adolescents are fear and the reluctance to talk about oneself (Bradford & Rickwood, 2014). However, facilitating factors of face-to-face support include the personal connection, including the ability to read body language and receive feedback tailored to them by someone they trust (Bradford & Rickwood, 2014). Facilitating factors of online support include immediate support, easy access, and the connection with others who may have experienced the same problem (Bradford & Rickwood, 2014).

Research has also indicated the difference in adolescents' preference for online versus face-to-face support. In their survey of adolescents between 15 and 19 years of age, Bradford and Rickwood (2014) found that adolescents preferred face-to-face support instead of online support. The authors also found that 16% of adolescents preferred to seek help in an online environment, whereas less than 2% chose to seek support over the phone. Additionally, Best et al. (2016) conducted focus groups with 56 males between 14 and 15 years of age and found that although formal online support was the least risky avenue, it is not the most utilized pathway because of poor mental health literacy combined with the lack of available resources. Despite these results, many services are developed in an online environment without considering the preferred mode of support for adolescents (Bradford & Rickwood, 2014). Although online services fill a need of lack of available face-to-face service providers, there is no evidence to support that online services support help-seeking in young people (Kauer et al., 2014).

Although adolescence represents a time of significant change, often manifesting in emotional difficulties, most adolescents do not receive the necessary support and often experience additional problems as a result. Of those who do seek support, informal support is the pathway most utilized (Ashley & Foshee, 2005; Best et al, 2016; Bradford & Rickwood, 2014; Fanslow & Robinson, 2010; Hernan, Philpot, Edmonds, & Reddy, 2010; Jorm & Wright, 2007; Pattyn, 2014; Rickwood et al., 2015; Rowe et al., 2014).

Sources of Support

The literature revealed that people tend to access psychological support through two primary avenues using two main modalities. The two types of support generally fall

into the categories of formal and informal supports that are provided in face-to-face environments or via electronic modes of communication.

Formal support. Within the context of help-seeking behavior, formal sources of support are generally defined as individuals or organizations that serve in a professional role with proper training to provide support (Rickwood et al., 2005). A significant amount of research has focused on formal supports. In a systematic review of literature to explore the conceptualization of help-seeking, it was found that 66% of studies focused on formal supports, which included sources such as professional people or organizations (Rickwood, Thomas, & Bradford, 2012). The specific sources of formal support identified in the literature vary in terms of specific definition, but often included general terms such as mental health professional, counselor, psychiatrist, social worker, therapist, etc. (Rickwood et al., 2005; Rickwood et al., 2012; Rickwood & Thomas, 2012).

With few exceptions, research has demonstrated that young people do not tend to seek psychological support through formal, or professional, avenues (Gulliver et al., 2012; Hernan, et al., 2010; Rickwood et al., 2005; Rowe et al, 2014). In their 2010 cross-sectional survey of 74 high school students between 14 and 16 years of age who live in rural areas of Australia, Hernan et al. (2010) found that although almost three quarters of both male and female students demonstrated an ability to recognize signs of depression in vignettes and almost all students would find is useful for individuals in the vignettes to seek professional support, less than half of the participants in the study indicated that they would be apt to seek professional support for themselves. Reasons for not seeking support via formal avenues were divided into personal and logistical categories. Personal

barriers included shame and embarrassment that they need help as well as fear and self-consciousness associated with seeking support via formal avenues, while logistical barriers included poor mental health literacy with regard to where to go and how to access formal services (Hernan et al., 2010). Similarly, in their systematic review of previous literature, Rowe et al. (2014) found in their qualitative synthesis of 20 studies that young people between 11 and 19 years of age usually do not seek support for self-harm, and those that do rarely utilize formal avenues. Barriers to seeking services via formal pathways were identified as (a) fear of negative reaction, including stigmatization, (b) worry that confidentiality may be compromised, and (c) fear they would be viewed as seeking attention (Rowe et al., 2014).

Encouragingly, however, Gulliver et al. (2012) found in their systematic review of randomized controlled trials that although most young people do not seek formal support for issues of anxiety, depression, or other type of psychological distress, improved mental health literacy was found to encourage favorable attitudes with regard to formal help-seeking. In their 2016 study, Best et al. utilized focus groups to explore various pathways that males between 14 and 15 years of age use to access psychological support. The authors identified both formal and informal pathways of support and contended that formal avenues of support are particularly appealing to young males when they can access these supports online, as they are able to access professional supports and still maintain confidentiality and anonymity.

Informal support. Although there is no generally agreed upon definition of informal help seeking, informal sources of support are most often defined as those that

stem from some type of personal relationship with the person who is seeking help, such as friends and family members within the individual's social network (Rickwood & Braithwaite, 1994; Rickwood & Thomas, 2012). Best et al. (2016) added that accessing support through informal sources involves the disclosure of personal or emotional problems to family or friends through either an online or in-person format. When compared to the study of formal sources of support, much less research effort has been dedicated to studying informal sources of support within the context of help seeking. In fact, as Rickwood et al. (2012) found in their systematic review of literature, only 2% of studies focused solely on informal sources of support, while 32% of research has investigated both formal and informal sources.

With specific regard to young people, research has identified particular benefits of accessing support through informal avenues. In their study to develop a conceptual framework of help seeking pathways, Best et al. (2016) found that the primary benefits of seeking help via informal support among young males between 14 and 15 years of age were immediacy and ease of access. However, as the authors noted, the benefits had to be weighed against the fact that accessing supports via informal avenues eliminated the ability to remain anonymous. Rickwood et al. (2015) conducted a study involving 30,839 young people between 12 and 25 years of age in Australia during their first point of contact at one of the country's mental health centers and found that informal support, particularly family members, had great potential to significantly influence seeking formal services in the future, especially among young males. Similarly, in their 2014 analysis of secondary data, Pattyn et al. found that informal sources of support are critical to well

being because seeking support via informal pathways has the potential to aid in the transition to formal supports as well as to help maintain positive outcomes after formal treatment.

An additional benefit of accessing informal pathways for support is that they are often perceived by young people as more favorable than formal sources. In their 2007 study comparing survey responses of clinicians, youth, and their parents assessing the helpfulness of various interventions for depression and anxiety, Jorm and Wright found that the majority of youth surveyed endorsed informal supports, such as family, friends or a support group, whereas psychologists and psychiatrists endorsed them as one of the least helpful interventions. These results demonstrate that although young people feel more favorably about accessing informal sources than formal sources for psychological support, there is significant disparity with professionals within the formal realm. In addition to immediacy and ease of access, Best et al. (2016) found in their study of young males that informal avenues of support within social networks were perceived as more acceptable, particularly when they could access via the Internet and avoid the pressures normally associated with face-to-face disclosure.

Throughout this literature review, safety was also identified as a potential reason why people chose to utilize informal pathways for support, especially when related to psychological support for intimate partner violence. Sylaska and Edwards (2014) completed a comprehensive review of research completed between 1983 and 2012 that focused on help-seeking behavior and disclosure for intimate partner violence. The authors chose to study help-seeking behavior to access informal supports, rather than

formal supports, since 58% of people who disclose intimate partner violence choose to disclose to informal sources only as compared to the 6% who disclose to formal sources only (Fanslow & Robinson, 2010). This review included research that focused on both male and female subjects from various cultures as well as other demographic characteristic and identified friends and female family members as the most utilized and most helpful source of informal support. Ashley and Foshee (2005) studied help-seeking for both victims and perpetrators of dating violence in students in the eighth and ninth grades and found that twice as many victims sought support from informal sources than formal sources. It is important to note that the identified informal choice of support consisted primarily of friends in this group of adolescents.

Utilizing informal pathways for psychological support has also been found to present barriers for those in need of psychological support in some cases. In their study of 728 adults from the general population, Pattyn et al. (2014) found that fear of stigma by others was a significant barrier to accessing informal support, and ultimately, a key factor in the inability to look at accessing informal supports as an effective coping strategy. Self-stigma, or the internalization of public stigma, also prevents young people from accessing informal sources of psychological support (Rusch et al., 2014; Spence et al., 2016; Topkaya, 2014). Gulliver et al. (2012) identified stigma as a primary barrier to seeking mental health support via informal avenues among young athletes as well. An additional barrier to accessing psychological support via informal avenues is the lack of anonymity that this route affords. In their study of 14 and 15 year old males, Best et al. (2016) found that although informal avenues of support are attractive in many ways to

this group, accessing support from people in one's social network requires a great deal of trust that may result in less than full disclosure.

Online support. Over 90% of adolescents between 12 and 17 years of age in the United States access the Internet and just under three quarters of them belong to a social networking site, making them the most “connected” age group across the lifespan (Jones & Fox, 2009). It is estimated that adolescents spend 7 hours per day connected to the Internet (Rideout et al., 2010), likely via a cell phone, as almost 80% of adolescents own a cell phone (Madden et al., 2013).

With the ever-increasing use of technology, online psychological support is becoming a viable and accessible option for many people (Best et al., 2016; Duggan & Brenner, 2012; Sampasa-Kanyinga & Lewis, 2015). The traditional geographic boundaries that exist with in-person support are non-existent with this modality, making it perhaps a more practical way to reach people in need not only for information and educational services, but also to provide intervention and treatment services (Kauer et al., 2014; Laranjo et al., 2014; Sampasa-Kanyinga & Lewis, 2015). Online support also eliminates other practical barriers associated with in-person services, such as cost and availability (Anderson & Titov, 2014).

Much of the research focused on online sources of psychological support revealed barriers and facilitators to seeking this type of help, much like those identified in the study of help-seeking behavior in general. The primary facilitating factor of seeking psychological support online is the anonymity that it affords (Best et al., 2014; Rickwood & Thomas, 2014). Best et al. (2016) also found that the lack of perceived judgment

when disclosing to informal sources online presented as a facilitating factor with regard to the amount and type of information disclosed, since the individual was not able to see the reaction of the person to whom they were disclosing. Additional facilitating factors of seeking psychological support online include a) reduced stigma, b) immediate access, c) ease of access, and d) anonymity (Best et al., 2014; Best et al., 2016; Kauer et al., 2014). Identified barriers to online help-seeking behavior included a) lack of awareness of available resources, b) preference for face-to-face support, c) uncertainty about whether the support was confidential, and d) being male (Kauer et al., 2014).

Rickwood et al. (2015) examined the social influences on online help-seeking behavior among young people and found that unlike with face-to-face support, young people themselves were the primary influence on locating and utilizing psychological support online. The authors noted that the findings aligned with the developmental changes in adolescence leading to increased self-reliance and autonomy.

Research also revealed that individuals sought online support through the same modalities of formal and informal support that were identified in the study of help-seeking behavior in general. Facilitating factors of accessing informal support online included the immediacy of access and the ability to manage the disclosure, while the primary benefits of seeking formal help online included a) easy and immediate access, b) ability to manage image and amount of disclosure, c) anonymity, d) confidentiality, and e) mitigation of trust issues (Best et al. 2014; Rickwood & Thomas, 2014).

Face-to-face support. Face-to-face, sometimes referred to as in-person support, is seen as the more traditional approach to psychological support services. As noted by

Rickwood and Bradford (2014), although face-to-face support services vary across settings and context, the major crux of in-person support includes elements of human interaction including verbal and visual cues that are inherent in this traditional approach. Like online support, this mode presents both facilitating factors and barriers, particularly with adolescents.

In-person support was found to have facilitating factors in some studies. In fact, Rickwood and Thomas (2014) noted that in-person support was the preferred mode of support for adolescent girls. Clarke et al. (2015) found that characteristics of face-to-face support were instrumental in completion and positive outcomes of treatment for youth, especially when accompanied by collaboration with families and communities. In their study of social influences on mental health help-seeking, Rickwood et al. (2015) found that the primary influence for early adolescents was family.

As with other sources of support, the literature review revealed several barriers to seeking help in person. Perhaps the most significant barrier to face-to-face support is the lack of access to readily available and appropriate services. Kauer et al. (2014) noted that despite the funding allocated to mental health reform, there are still not enough available face-to-face services to support the growing need, particularly among adolescents. Additionally, adolescents often feel that they need to rely on themselves to fix their problems instead of others and this quest for autonomy serves as an additional barrier for help seeking during (Kauer et al., 2014). Best et al. (2016) found that a barrier to seeking support in a face-to-face setting is the perceived judgment of the person on the receiving

end of the information, making online support a more attractive option, as there is less pressure surrounding the disclosure.

Historically, strategies to begin to address the discrepancy between the need for support and those who actually receive support has been to explore the different avenues of support and to identify barriers and facilitators for various types of support. The Internet is a desirable avenue to access both formal and informal supports for some young people since it allows for anonymity and quick access (Best et al., 2016; Yablon, 2008). Since adolescents are utilizing the Internet at ever increasing rates (Best, Manktelow, & Taylor, 2014; Duggan & Brenner, 2012; Sampasa-Kanyinga & Lewis, 2015), it is often assumed that this is their preferred mode to access psychological support. However, as Bradford and Rickwood (2014) found in their study of adolescents in an urban area, less than 17% of students in grades 10 through 12 preferred to access psychological support in an online setting.

Help-Seeking for Psychological Problems

Throughout the review of help-seeking literature, research focused on three primary areas of psychological difficulty in both adolescents and the general population. Some studies focused on generic terms such as mental health problem, while others specifically stated a specific problem, such as depression or anxiety. Together, help-seeking for a general mental health problem, depression, and anxiety, comprised the majority of research study.

Mental health help-seeking. Studies of help-seeking behavior using general terms such as mental health problem, psychological problem, or emotional problem made

up 35% of studies in a comprehensive review of research from 1971-2012 (Rickwood et al., 2012). The general term of mental health problem allowed review of literature to ascertain the prevalence of such as exploring help-seeking behavior. A review of research conducted between 1980-2011 revealed that 39% of people reported that they had experienced some type of mental health problem (Clement et al., 2015). Polanczyk et al. (2015) conducted a meta-analysis of prior research that explored children and adolescent mental health and found that 13.4 percent of children and adolescents worldwide had experienced some type of mental health disorder.

Help-seeking for depression. Depression is a common problem studied within the context of help-seeking behavior (Clement et al., 2015; Rickwood et al., 2012). The significant research effort dedicated to understanding how people seek help for depression is likely because depression is a mental health disorder that affects a significant percentage of the population at some point during their lives. The prevalence of depression does not discriminate between age groups, cultures, or geographic regions, but rather affects people of various ages and cultures who live in different parts of the world. Van de Leemput et al. (2013) found that 17% of people experience an episode of major depression in their lifetime. In addition to the prevalence of depression, its impact on individual functioning, poor quality of life, and the high financial cost to both individuals and society as a whole, further supporting the need for study (Boerema, Kleiboer, Beekman, van Zoonen, Dijkshoorn, & Cuijpers, 2016). The WHO (2017) found that depression is one of the leading causes of illness leading to disability and that over half of the adults reporting debilitating depression report an onset by age 14. In this

context, it is critical to understand the impact of depressive symptomology on help-seeking behavior. Boerma et al. (2016) noted that although many treatments are available for depression, a significant number of people do not receive treatment, thus, reinforcing the need to understand why people who are in need do not seek help.

When looking at various aspects of help-seeking behavior specifically for depression, it became evident that gender differences exist. In a systematic review, Seidler, Dawes, Rice, Oliffe, and Dhillon (2016) found that adherence to gender norms and beliefs directly impacts the manner in which males experience depression and also the ways in which they seek help. Specifically, the extensive review demonstrated that conforming to traditional beliefs about gender norms not only contributed to males experiencing depression, but paradoxically, their reluctance to seek support to manage it.

Adolescent depression has been the focus of much study. Prior research indicates that adolescence is a time period that marks increased vulnerability to depression (Essau et al., 2000; Hankin et al., 2015; Steinberg, 2005; Thapar et al., 2012). Mojtabai, Olfson, and Han (2016) studied recent national trends in the United States with regard to incidence of depressive episodes in adolescents and young adults and found that although research shows an increase in the incidence of depression within this group, there has not been a corresponding increase in help-seeking behavior, thus leaving an even larger number of young people untreated.

Much of the research reviewed on depression coincided with specific study relating to this behavior in individuals with suicidal ideation. The review of literature with regard to help-seeking behavior and depression revealed significant focus on

suicide, likely because suicide is one of the leading causes of death not only in the United States, but also around the world (CDC, 2015; WHO, 2014). Both males and females who suffer from major depressive disorder are at increased risk for suicide (Vuorilehto, Valtonen, Melartin, Sokero, Suominen, & Isometsa, 2014), thus increasing the importance of assessing the risk of suicide completion and understanding the help-seeking behavior of those who exhibit suicidal ideation.

Hom, Stanley, and Joiner (2015) found that less than half of people who are at increased risk of suicide have no direct interaction with any type of formal mental health service. Labouliere et al. (2015) confirmed this finding specifically with adolescents, validating that most adolescents who experience suicidal ideation report no contact with mental health professionals. These findings highlight the critical need to understand the informal help-seeking behavior of individuals with suicidal ideation, since most adolescents are not accessing formal supports.

A common strategy for preventing suicide attempts is to encourage help-seeking behavior among at-risk individuals (Meyer, Teylan & Schwartz, 2015). However, as Labouliere et al. (2015) found in their study of adolescents, the low rate of contact with mental health providers, combined with the decreased incidence of help seeking by adolescents in general, significantly reduces the likelihood that adolescents with suicidal ideation will seek support. One of the challenges to encouraging help-seeking behavior is the subscription to the ideology that one should be able to help oneself without support from others, which is a common school of thought around mental health problems, but even more prevalent in adolescents (Labouliere et al., 2015). Self-reliance was found to

be a predictor of both depression and suicidal ideation among adolescents at the time of initial assessment as well as at the two-year follow up (Labouliere et al, 2015).

Help-seeking for anxiety. Within the context of help-seeking, anxiety was a common psychological problem studied. Of the research that focused on a single named problem, the study of help-seeking behavior for anxiety disorders was second only to depression (Rickwood et al., 2012). Anxiety is one of the most prevalent mental health problems with almost 34% of people experiencing some type of anxiety disorder at some point in their lifetime (Bandelow & Michaelis, 2015). Although different cultures report varying prevalence rates, the differences may be attributed to the variance in how the research is conducted rather than the influence of cultural characteristics (Bandelow & Michaelis, 2015).

Anxiety disorders are of particular importance when looking at the emotional wellbeing of young people and the ways in which they seek help. Polanczyk et al. (2015) conducted a meta-analysis to assess the prevalence of mental health disorders of children and adolescents from around the world. The authors examined 41 studies that were conducted in 27 different countries and found that 6.5%, or approximately 117 million, children and adolescents worldwide that experience some type of anxiety disorder. As Kessler, Berglund, Demler, Jin, Merikangas, and Walters (2005) found, the median age for the onset of anxiety disorders is eleven.

In addition to emerging at an early age, anxiety issues are not resolved easily or quickly (Cartwright-Hatton, McNicol, & Doubleday, 2006; Costello et al., 2003). The

effects of unresolved issues of anxiety in young people are evident in poor academic outcomes, interactions with peers, and overall quality of life (Barrett & Pahl, 2006).

Barriers to Help-Seeking

Much research effort has been dedicated to identifying barriers to seeking help for psychological problems. In order to increase help-seeking behavior, it is first essential to understand those factors that negatively influence this behavior. Identified barriers to seeking psychological support include poor mental health literacy, stigma, negative past experiences, self-reliance, and practical barriers that restrict access to services (Bradford and Rickwood, 2014; Chicovani et al., 2014; Gulliver et al., 2012; Harding & Fox, 2015; Mackenzie et al., 2014; Rowe et al., 2014; Spence et al., 2016; Topkaya, 2014; True et al., 2014; Yousaf et al., 2015).

Mental health literacy. Several studies have identified poor mental health literacy as a key barrier to psychological help seeking. As Chicovani et al. (2014) found in the adult population, most do not seek psychological support because they do not believe that their symptoms warrant such help, despite the fact that over one quarter of those studied met the criteria for a mental health disorder. Empirical research showed the same trend among adolescents. In their 2014 meta-synthesis of 20 studies focusing on help-seeking behavior of young people between 11 and 19 years of age who self-harm, Rowe et al. found that not knowing where to go or who to turn to for help was a significant barrier to help-seeking. Gulliver et al. (2012) conducted focus groups among young male athletes and found that lack of knowledge of available mental health services was a significant barrier to receiving support.

Equally as influential on help-seeking behavior is the lack of knowledge of mental health problems and emotional wellness in general. In addition to lack of knowledge about available sources of help, young male athletes also had great difficulty differentiating between normal feelings of distress and those that may fall outside of the typical range (Gulliver et al., 2012). In their study of adolescent help-seeking preferences among young people between, Bradford and Rickwood (2014) concluded that poor mental health literacy directly influences the help-seeking behavior of adolescents between 15 and 19 years of age as well, as almost twenty-five percent of adolescents prefer not to seek support for mental health problems.

Stigma. Stigma that is reflected in societal beliefs and attitudes about seeking psychological support is sometimes referred to as public stigma and can have significant consequences resulting from discrimination, stereotyping, and prejudice (Topkaya, 2014). The effect of stigma on help-seeking behavior has been the topic of much research. Stigma has been determined to be a significant barrier to seeking mental health support, particularly for young people. In fact, Gulliver et al. (2012) found that perceived stigma was the most significant help-seeking barrier to young male athletes between the ages of 15 and 24 years of age, citing embarrassment and concern that others would view them as not being able to cope with their problems and see them as weak as primary concerns. Rowe et al. (2014) noted that negative stigma, particularly that of perceived attention seeking, is a considerable barrier to young people between 11 and 19 years of age seeking help for self-injury. Mackenzie et al. (2014) conducted a meta-analysis spanning 40 years to assess attitudes of university students with regard to mental health help-seeking

and found that although mental health need continues to be prevalent, most students are not accessing services. The authors found that in an effort to reduce stigma by medicalizing mental health problems, help-seeking has shifted to pharmacological treatment with no increase in therapeutic treatment. Thus, it appears as though medical treatment for mental health carries less stigma than therapeutic support, particularly among young people.

Throughout the lifespan, people with mental illness often do not seek treatment because of the fear of stigma by others, but also because they often internalize the stigma from others to be true and they apply it to themselves (Rusch et al., 2014; Spence et al., 2016; Topkaya, 2014). Rusch et al. (2014) found in their survey of young adults that shame associated with self-stigma may possibly be considered an independent barrier and variable that may be worthy of direct focus with regard to intervention. In their study of twenty-nine 14 year old males and females with a history of a mental health referral, Spence et al. (2014) found that internalized stigma is a significant contributing factor to the development of avoidant coping strategies and help-seeking approaches. Similarly, in a survey of 218 female and male nursing students with an average of age of 20, public and self stigma were determined to be primary deterrents to seeking psychological support (Topkaya, 2014). Stigma, both public and self, has empirically been shown to have significant influence on the help-seeking process, particularly among young people.

Negative past experiences. Negative experiences with seeking help for psychological support is a significant indicator for lack of intention to seek help in the future. True et al. (2014) found that negative past experiences with providers served as a

significant barrier to seeking psychological support among military personnel who had served at least deployment. The authors noted that a common theme that emerged among military personnel returning from war was the feeling that interactions with mental health providers left them feeling re-traumatized by the intensity and intrusiveness of initial questions asked, lack of empathy with the questioning, and lack of follow-up care following the incident. Yousaf et al. (2015) conducted a meta-synthesis of empirical research on help-seeking barriers for males and found that the client/provider relationship has been found to be a significant barrier, especially for males, when (a) unclear information is presented by the provider, (b) rapport is not established between the client and provider, and (c) the client perceives a lack of positive attitude from the provider. In their study of the help-seeking behavior of young elite athletes, Gulliver et al. (2012) noted that a poor connection, or relationship, with a past provider serves as a significant barrier to returning to the same provider for further help or seek future help from a different provider, if necessary.

Self-reliance. The review of the literature revealed that self-reliance, or the belief that one should not have to rely on others for mental health support, is a key barrier to help seeking for psychological problems among people of all ages (Chikovani et al., 2015; Spence et al., 2016; Topkaya, 2014; True et al., 2013; Yousaf et al., 2015). Chikovani et al. (2015) found that self-reliance is a contributing factor of poor mental health service utilization among adults, since one-third of the participants in their study who screened positive for depression did not acknowledge that they had a problem that required professional help. The authors explained that this was likely the combined

effect of self-reliance and poor mental health literacy. In their systematic review, Yousaf et al. (2015) also identified self-reliance as a key barrier to seeking help among men, citing the need for emotional control. As True et al. (2013) noted, self-reliance is also a major barrier to help seeking for military personnel, as the cultural norm of this group is to not rely on others.

Although, self-reliance is present among people of all ages, it is particularly evident among young people. Although adolescence is a time period that creates significant distress for many, it is also a period characterized by increased autonomy and self-reliance. As Heerde and Hemphill (2017) and Kauer et al. (2014) found, this desire for increased autonomy often negatively impacts the critical stage of the help-seeking process identified as willingness to seek support. As Spence et al. (2016) found in their study of young males and females, the notion that one should be able to manage their own psychological difficulty has been identified as a significant barrier to seeking help, particularly in young people, who often feel that seeking support would burden or worry those close to them.

Practical barriers. The literature has revealed several practical barriers to help-seeking behavior that impact access to services. Chikovani et al. (2015) found that practical barriers to mental health service utilization include lack of available time to access services and expenses associated with accessing services, such as the cost of services and medication. Additionally, cost was a significant barrier, as many participants noted that rebates and reimbursements were available for medical expenses, but were not

offered for mental health related expenses. Harding and Fox (2015) found that access and availability to services were significant barriers to help seeking for adult males.

As Gulliver et al. (2012) noted, transportation, cost, and time are all factors that are sometimes barriers to seeking help for psychological problems among young athletes. In addition to transportation and finances, Mackenzie et al. (2014) also found that the availability of services is a significant barrier to accessing mental health support. This is likely particularly evident in rural areas, where services may routinely be available on a more limited basis.

Facilitators to Seeking Help

Although much research in the past has focused on the barriers to help-seeking behavior, researchers have more recently begun to focus on identifying the positive facilitating factors that promote this behavior (Burns & Birrell, 2014; Clarke et al., 2015; Gulliver et al., 2012; Murphy et al., 2014; O'Connor et al., 2014). Factors that positively impact the behavior of seeking help for psychological problems include perceived positive benefit, positive relationship with provider, positive attitudes of others, and access to services, among others.

Perceived benefit of seeking help. A significant facilitating factor in the process of help seeking is whether the person perceives that any positive benefit will come from the action of seeking support. O'Connor et al. (2014) conducted a survey of young people between 17 and 25 years of age and found that perceived benefit is perhaps the strongest facilitating influence to seeking support. When a young person believes there will likely be some positive benefit to seeking support, this belief will likely outweigh

perceived barriers, or deterrents to seeking help (O'Connor et al., 2014). Wilson and Deane (2001) conducted focus groups with 23 male and female students between 14 and 17 years of age and found that positive past experiences were key predictors to future help-seeking. Additionally, when one believes in a possible positive outcome, and they recognize the need for help by reaching a crisis point, the two factors together promote positive help-seeking behavior (Murphy, et al., 2014).

Positive relationship with provider/source of support. Another identified factor found to positively affect help-seeking behavior for psychological support is having a positive relationship with a current provider or having had a positive relationship with a previous provider (Gulliver et al., 2012). Young male athletes in this study indicated that a positive current relationship with any health or mental health professional or positive past relationship would assist them to seek psychological support if they should need it. The nature of the relationship with whom adolescents seek informal supports may also be an influencing factor for whom they identify as a preference for informal support.

Positive attitudes from others. The positive reaction from peers has been found to have a significant impact on help-seeking behavior, particularly in adolescents. Gulliver et al. (2012) noted that a positive reaction and encouragement from someone close to the person in need is a significant facilitator to help seeking, particularly if that person is in a respected position, such as a teacher or coach. Harding and Fox (2015) found this to be consistent in the adult population as well, as the positive attitude and support from a significant other positively influenced the help-seeking behavior for males in need of psychological support. In addition to receiving support for seeking

psychological support, Murphy et al. (2014) found that when the positive attitude regarding seeking support comes from an individual who is a witness to the psychological difficulty, there is increased acceptance of the need to seek support and an increased realization of the seriousness of the problem.

Access to services/support. Access to services was determined to be a facilitating factor among various populations studied with regard to help-seeking behavior. Facilitating factors relating to access to services included physical access to timely support (i.e. availability of services and transportation to access services), but also financial access to services as well. Burns and Birrell (2014) noted that access to information and services is a key facilitator for adolescents when utilizing the Internet as a source of support, as individuals are able to access it quickly and often times, anonymously. In their systematic review of empirical research involving participants between 12 and 25 years of age, Clarke et al. (2015) further substantiated the finding that access to services is a key barrier to seeking support and added that the opportunity to access information and services online presents a unique opportunity to those with no other means to access support due to geographical restrictions and other vulnerabilities.

In summary, various research designs have been utilized in the empirical study of help-seeking behavior among young people. Some designs have been in quantitative in nature to assess areas such as identification of preferred mode of mental health service delivery, identification of factors that facilitate or restrict help-seeking, or determination of causal relationships between source of support and various attributes, traits, or beliefs (Bradford & Rickwood, 2014; Hernan et al., 2010; Lee, 2009; O'Connor et al., 2014).

Systematic reviews have also been employed to identify preferred sources of support, barriers and facilitating factors to help-seeking among specific groups of young people, assess the impact of the internet on help-seeking, and to review the overall concept of help-seeking (Kauer et al., 2014; Rickwood et al., 2012; Rowe et al., 2014). Qualitative approaches to inquiry with regard to help-seeking behavior among young people have addressed preferred modes of support, and to identify patterns of help-seeking among certain subpopulations of young people, such as males and those with a history of mental health referral (Best et al., 2016; Gulliver et al., 2012; Spence et al., 2016). Although help-seeking among young people has been studied qualitatively, and within systematic reviews alongside quantitative studies, there has been no empirical study that has synthesized qualitative findings.

Summary

The goal of this review was to review literature with regard to help-seeking behavior. The study of the behavior of seeking support for psychological problems has occurred for quite some time, but has gained recent momentum, especially in the United States (Rickwood et al., 2012). Whereas the literature supports continued study of help-seeking behavior for all age groups, there continues to be increasing examination of the help-seeking behavior of adolescents. This age group experiences mental health difficulty at a rate higher than any other group (Kauer et al., 2014). Since fewer than 20% of the adolescents in need actually receive mental health support (Powers et al., 2014), it is critical to continue to examine the help-seeking perceptions and experiences

of this group in order to develop appropriate interventions as well as improve utilization rates of existing supports.

This study contributed to the understanding of adolescent help-seeking for psychological support by exploring attitudes, perceptions and beliefs about barriers, facilitating factors, and help-seeking preferences that influence the help-seeking experience for this vulnerable population. The utilization of a qualitative meta-synthesis approach will be discussed in Chapter 3.

Chapter 3: Research Method

Introduction

The primary purpose of this meta-synthesis study was to explore perceptions about barriers, facilitating factors, and help-seeking preferences for psychological help-seeking among adolescents. The aim was to synthesize findings from qualitative studies to identify commonalities among adolescents about seeking support for psychological problems. Although many studies have employed qualitative approaches to empirical study, there has been no study with a meta-synthesis approach to interpret the findings from multiple qualitative studies focusing on adolescent psychological help-seeking.

Chapter 3 describes the research approach that was used to gather and analyze data in this study. Throughout Chapter 3, a review of this study's research design and rationale as well as the role of the researcher will be presented. Additionally, methodological areas including criterion for selection of articles, data analysis, and issues of trustworthiness will be reviewed.

Research Design and Rationale

The research question that guided this meta-synthesis study was "What are adolescents' perceptions about barriers, facilitating factors and help-seeking preferences that shape the overall psychological help-seeking experience?" The central concepts included aspects of help-seeking for psychological support among young people. Modes of support including face-to-face and the Internet were explored as well as barriers and facilitating factors to seeking support.

Qualitative research approaches are frequently used to increase understanding of an issue by exploring experiences and perceptions of individuals or groups and when statistical, or quantitative, approaches do not answer the research question (Creswell, 2013; Patton, 2015). Qualitative research typically involves fewer subjects and most often occurs in the participant's natural environment (Miles et al., 2014). The most common approaches to qualitative inquiry include (a) narrative, (b) phenomenology, (c) grounded theory, (d) ethnography, and (e) case study (Creswell, 2013; Patton, 2015). The most common methods of data collection in qualitative inquiry involve interviews and observations resulting in transcripts and field notes that are analyzed to construct meaning. Although qualitative studies have been conducted to increase understanding of adolescent psychological help-seeking, these findings have not been synthesized.

The qualitative research design chosen for this study was a meta-synthesis (QMS) design. Meta-synthesis is often referred to as the qualitative counterpart to quantitative meta-analysis and involves comparing and analyzing data to create new interpretations (Noblit & Hare, 1988). Although qualitative research contributes to the general knowledge base in any given field, qualitative findings in isolation do not influence practice or policy (Evans & Pearson, 2001; Lachal et al., 2017). QMS involves the merging of findings from individual studies into themes as it relates to the central phenomenon under study, increasing the likelihood of potential influence on policy and practice. The themes extracted through QMS represent a sum of the individual parts, or the findings from each qualitative study (Campbell et al., 2003). The aim of synthesis of empirical research is to give meaning to the entirety of the group of studies relating to the

central phenomenon while maintaining the uniqueness of each participant account throughout translation (Noblit & Hare, 1988). This aim guided the current study.

Qualitative meta-synthesis has a robust research tradition in the field of nursing (Campbell et al., 2003; Finlayson & Dixon, 2008) and is becoming more utilized in social science research including social work (Aguirre & Bolton, 2014; Bolton et al., 2016; Lachal et al., 2017; Lucero & Leake, 2016; Yick & Daines, 2019). Thus, qualitative meta-synthesis allowed for the interpretation of findings from primary qualitative studies that involve the central phenomenon of psychological help-seeking among adolescents.

Research Tradition

Qualitative research is bound together by general assumptions and interpretive frameworks (Creswell, 2013). The research tradition, or interpretive framework, that guided this study is social constructivism, which is sometimes referred to as interpretivism. Social constructivism is based in social sciences (Patton, 2015). This framework provides the basis to explore how people seek understanding of the world that they live in (Creswell, 2013). General assumptions of social constructivism include (a) truth is subjectively defined from the individual experiences of participants often with regard to a specific phenomenon, (b) findings from studying phenomena in a specific context can only be understood within that context and not generalized to others, and (c) causes and effects do not exist within this framework (Creswell, 2009, 2013; Patton, 2015). I explored how adolescents' perceptions about barriers, facilitating factors, and help-seeking preferences influence the overall help-seeking experience.

Role of the Researcher

One of the primary characteristics of qualitative research is that the researcher is the research instrument, making it a personal process (Janesick, 2011). Patton (2015) discussed the personal nature of qualitative inquiry:

Qualitative inquiry is personal. The researcher is the instrument of inquiry. What brings you to an inquiry matters. Your background, experience, training, skills, interpersonal competence, capacity for empathy, cross-cultural sensitivity, and how you, as a person, engage in fieldwork and analysis- these things under-gird the credibility of your findings. Reflection on how your data collection and interpretation are affected by who you are, what's going on in your life, what you care about, how you view the world, and how you've chosen to study what interests you is a part of qualitative methodology. (p. 3)

Because of this personal role of the researcher, a thorough description including values, biases, and beliefs of the researcher is necessary (Janesick, 2011). Additionally, descriptions should include details regarding the number of observations or interviews, length of observations or interviews, and other information such as how documents were utilized (Janesick, 2011).

In studies that employ a QMS design, the role of the researcher is varies from studies that involve direct data collection. Rather than collect primary data, my role as a researcher in this study was to determine selection criteria and then collect and analyze qualitative data from studies that meet the criteria. Furthermore, the QMS design allowed me to interact with the thick data consisting of the individual articles and direct

quotes from participants. Although thick data can be defined differently, most definitions include the depth of meaning and detail to describe what is difficult to quantify such as emotions and stories (Latzko-Toth et al., 2016). Additionally, quality thick data involves taking the reader back into the setting of the original setting, such as interview, observation, etc. (Patton, 2015)

Although the data collection is different in a QMS design, it is important to acknowledge my worldview, biases and values. My background involves 25 years of working with adolescents within the public school system—9 years in special education and 16 years working with adolescents in mental health and substance use. I have watched young people struggle with psychological well-being and turn to sources of support such as family, friends, sports and academics, among others. I have also witnessed them cope with drugs, gambling, sex, and violence. I have also centered much of my work on violence prevention within public school through effective mental health assessment and intervention for at-risk students. To influence interventions to address psychological support for adolescents, it is necessary to understand their perceptions and experiences with help-seeking. To ensure that my experiences did not affect my interpretation of the findings, I kept a journal throughout the study to reflect on my biases. Additionally, I consulted with committee members and other members of my academic community to mitigate the potential that my worldview, personal bias, or values influenced the selection of individual studies or the findings.

Methodology

Primary Study Selection

Qualitative meta-synthesis studies involve selecting qualitative studies on a specific topic to aggregate and examine qualitative findings. Therefore, this meta-synthesis study targeted empirical research focused on adolescents and young adults and their psychological help-seeking. The time period of adolescence was chosen for this study because it represents an increased need for psychological support (Essau et al., 2000; Hankin et al., 2015; Harrington et al., 1996; Heerde & Hemphill, 2018; Kauer, et al., 2014; Thapar et al., 2012). Articles were chosen that included participants that were between 12 and 21 years of age. In addition, this study was focused on locating existing qualitative studies targeted on help-seeking for psychological distress. Psychological distress is conceptually defined by the following characteristics: (a) perceived inability to cope effectively, (b) change in emotional status, (c) discomfort, (d) communication of discomfort, and (e) harm (Sheila, 2004).

Study Inclusion Criterion

I employed a type of nonprobability sampling called criterion sampling, which is generally defined as a sample that involves selecting cases that meet a defined set of criteria deemed as important (Patton, 2015). In this study, the primary studies were initially identified through an electronic database search of abstract and title search utilizing key words (*adolescent** OR *young people** OR *child*) AND (*mental health** OR *mental illness** OR *psychological support*) AND (*help seeking**) AND (*qualitative**). The following databases were utilized to locate studies for inclusion in the current

research: Academic Search Complete, psychInfo, pubmed, SAGE journals, socINDEX with full text, and Science Direct.

Once the initial search produced a set of articles, I reviewed to ensure the article met the following inclusion criteria. The inclusion criteria for the meta-synthesis study was: (a) the article was published in a peer-reviewed journal, (b) it utilized a qualitative methodology, (c), it had sufficient direct quotes from the participants in the study sample, and (d) the findings were reported in English. Potential studies were not limited by a date range. The exclusion criteria was as follows: studies that employed a quantitative methodology, focused on adult participants, were reported in any language other than English, and those that did not provide first person perspective or experience. Following this initial identification of potential eligibility for inclusion in the study, the full articles were read to determine inclusion or exclusion.

Instrumentation

Typical research instruments in qualitative research include interviews, observations, questionnaires, focus groups, or other documents (Creswell, 2013). While the individual studies included in this study employed various research instruments usually used in qualitative research, the overall data set in this QMS will consist of primary studies that have met the inclusion criteria. In order to create a systematic strategy to capture and organize this researcher's observations within the individual study transcripts, a coding framework was established.

Coding is a technique used to organize words, phrases, expressions, etc. from interviews, observations, focus groups, questionnaires, etc. into specific groups (Saldana,

2016). Specific codes were initially determined by summarizing recurring patterns of words, phrases, expressions, etc. within the findings of each study, thus establishing a preliminary coding framework. Each theme was named accordingly to reflect its meaning and a tally mark was placed beside the corresponding theme each time the theme occurred in a study included in the meta-synthesis. Each pattern or theme was compared to the research question and theoretical framework that guides the study to determine relevancy. This researcher read all articles included in this study for a second time to complete a second round of coding. During this process, categories with regard to patterns and themes emerged. All codes were entered into a code book to document outcomes during all rounds of coding.

Procedures

In primary research involving human research participants, participants are recruited based on specific identified criteria. In a qualitative meta-synthesis, research articles are targeted based on specific search criteria. Primary qualitative studies were “recruited” for this study if the target age of participants were between 12 and 21 years of age, and focused on help-seeking for psychological distress, as well as meeting the other identified search criteria. Once a final set of articles was identified, each primary study was treated as a participant in the study. As such, data was collected using the information from each primary study and synthesized into patterns and themes using the aforementioned coding strategy.

Data Analysis Plan

Data from the primary studies was analyzed using the Noblit and Hare (1988) approach. I utilized this approach to QMS by completing the following steps:

1. Identified an area of interest that qualitative synthesis might inform.
2. Selected studies for inclusion after exhaustive literature search.
3. Read selected studies to identify central concepts and themes relevant to topic of interest.
4. Determined how studies are related through alignment or opposition.
5. Translated studies into one another.
6. Synthesized translations into themes.
7. Reported results of the meta-synthesis.

The articles chosen in this meta-synthesis were read in their entirety prior to coding, as recommended by Noblit and Hare (1988). The articles chosen were then be re-read and coded according to content analysis to identify any recurring patterns or themes (Patten, 2015; Saldana, 2016). This technique allowed for the chunking of data into smaller pieces that were identified by codes to assist the researcher with explaining what was found within the data (Creswell, 2013; Gibbs & Taylor, 2005). This coding technique facilitated the reduction, organization and categorization of data to identify commonalities and central themes (Patton, 2015). I used the specific coding technique of descriptive coding to provide an explanation for what was found in the data (Gibbs & Taylor, 2005). During this process, data was reduced to chunks of text that were assigned

labels to better assist with the identification of commonalities between the studies being reviewed.

In addition to coding by hand, this researcher also utilized a computer software program to assist with organizing data into an electronic filing system. This facilitated rapid and efficient access to the data as well as provided a visual representation of the relationships between individual codes. Additionally, the software allowed me to create easily retrievable memos while reviewing the findings from the individual studies in this meta-synthesis. The specific software program that was utilized in this study was NVivo. This program suited the proposed study, as it allowed documents to be imported into the data set comprised of primary studies included in the meta-synthesis. Furthermore, it allowed this researcher to code data by theme or concept, create nodes that served as visual containers of patterns and themes, and recorded information regarding the original sources.

Issues of Trustworthiness

In qualitative research it is critical to take steps to ensure that the research is valid and provides quality information to increase understanding of the issue under study. Issues of trustworthiness are often addressed through establishing credibility, transferability, and dependability as they relate to collecting and analyzing data. Additionally, intercoder reliability, or agreement is often used to ensure consistent coding of information. Finally, issues of trustworthiness are mitigated through maintaining commitment to identifying and addressing any ethical concerns that may arise throughout the study.

Credibility, Dependability, and Transferability

According to Patton (2015), credibility in qualitative inquiry is dependent on a) detailed and comprehensive fieldwork resulting in high-quality data, b) methodical and thorough analysis of data, and c) the credibility of the researcher. In this study, data collection involved the consistent identification of articles for inclusion based on established criteria. Data analysis to establish commonalities among the qualitative studies in the meta-synthesis involved coding by this researcher. The strategy of triangulation was used to increase the credibility of data analysis. This process involves two or more people analyzing the same qualitative data to compare findings and extract key themes (Patton, 2015). In the proposed study, this researcher and a PhD level instructor at a local university reviewed the same two articles to ensure intercoder agreement and increase dependability. Both members reviewed each article independently and coded according to the preliminary coding structure (see Appendix A) and then met face-to-face and compared codes, discussed any discrepancies, and reached agreement on the coding structure moving forward. In order to ensure consistency, the preliminary coding framework served as the measure to determine alignment between reviewers and will guided the initial round of coding based on the research question and conceptual framework that guided this study. This initial framework evolved throughout additional rounds of coding. As McAlister, Lee, Ehlert, Kajfez, Faber, and Kennedy (2017) noted, the purpose of establishing codes is to initially link the data to the conceptual framework and facilitate later analysis including identification of themes and drawing conclusions in an attempt to determine significance of the findings.

Throughout the coding process, this researcher utilized a journaling strategy to keep track of notes, thoughts, feelings, and biases to reflect on how they may influence the process. According to Janesick (2011), utilizing the reflective journaling technique not only helps to increase self-awareness, but also hones overall skills in the area of reflection, writing, and overall communication. Janesick further noted that this is particularly important in qualitative studies, as it strengthens the researcher as the instrument.

In qualitative research, transferability addresses the extent to which the findings can be generalized, or transferred, to other populations or settings (Anney, 2014; Creswell, 2013). In this meta-synthesis study, transferability was limited, as the results involved the combination of data from studies with various qualitative methodology.

Ethical Procedures

Although this meta-synthesis study did not involve direct data collection from participants, this researcher adhered to requirements and gained approval to conduct the study from the Walden University Institutional Review Board (IRB) to ensure that the benefits of the study outweigh any potential risks. Additionally, this researcher knew throughout the study that an appropriate route would be to consult with dissertation committee members should any unforeseen ethical concerns arise during the study. As Creswell (2013) noted, ethical concerns sometimes arise during the final stages of a study when the results are written and distributed, when researchers suppress or falsify findings. Results of this meta-synthesis were accurately and honestly reported and communicated in concise language.

With QMS, the individual articles of the chosen studies become the transcripts for the current study. Copies of the articles were printed for not only initial readings, but for subsequent readings to extract commonalities. The individual articles were also imported into NVivo, which served as an electronic filing system to organize and store the data.

Summary

This study employed a qualitative meta-synthesis design to explore perceptions, about barriers, facilitating factors, and help-seeking preferences for psychological help-seeking among adolescents. Specifically, the aim of this study was to synthesize findings from qualitative studies in an effort to identify commonalities among adolescents with regard to seeking support for psychological problems. The QMS, guided by the epistemological underpinnings of social constructivism, was well-suited to address the perceptions that shape the psychological help-seeking process among adolescents. This investigator, as the researcher instrument, identified primary studies for inclusion, coded the transcripts, and analyzed the finding according to the methodological plan outlined in this chapter. In Chapter 4, specific aspects of data collection and evidence of trustworthiness will be discussed along with the results of the study as they pertain to the research question.

Chapter 4: Results

Introduction

The purpose of this meta-synthesis study was to explore perceptions about barriers, facilitating factors, and help-seeking preferences among adolescents. I aimed to synthesize findings from qualitative studies to identify commonalities among adolescents with regard to seeking support for psychological problems. The research question that guided this study was “What are adolescents’ perceptions about barriers, facilitating factors and help-seeking preferences that shape the overall experience?”

Setting

Because I used a qualitative meta-synthesis methodology consisting of reviewing previous studies, data were not collected directly from participants. A total of 16 studies met the inclusion criteria for this meta-synthesis study. Therefore, for this study, personal or organizational conditions did not exist that may influence either the data collection or interpretation of the results.

Settings across the studies varied and included (a) public schools, (b) universities, (c) an emergency homeless shelter, (d) participant homes, (e) a community mental health center, and (f) a church. Participants in the included studies were from the following countries: Australia, Canada, England, Ireland, Norway, Spain, and the United States. Table 1 provides information about each study regarding country and setting.

Table 1

Individual Study Settings

Author(s)	Country	Setting
Best et al. (2016)	Ireland	School
Boyd et al. (2007)	Australia	University
Camara et al. (2017)	Spain	School
Collins & Barker (2009)	England	Homeless shelter
Corry & Leavey (2017)	Ireland	School
Gronholm et al. (2017)	England	University or participant's home
Ijadi-Maghsoodi et al. (2018)	United States	School
Johnson & Menna (2017)	Canada	Unspecified
Lindsey & Kalafat (1998)	United States	University
Lindsey et al. (2006)	United States	Participants' homes or community center
Lindsey & Marcell (2012)	United States	Community agency
Molock et al. (2007)	United States	Church
Recto & Champion (2018)	United States	School
Samuel (2015)	United States	Unspecified
Tharaldsen et al. (2017)	Norway	School
Wilson & Deane (2001)	Australia	School

Demographics

This meta-synthesis study included 16 empirical studies with samples of young people between 12 and 21 years of age. Some studies explored adolescents' perceptions of help-seeking with no other qualifier other than age, whereas others were focused on (a) adolescent males, (b) first year undergraduate psychology students, (c) homeless adolescents, (d) low-income minority adolescents, (e) adolescents in foster care, (f) adolescents from predominantly White high schools, (g) African-American urban adolescents, (h) church going adolescents, (i) perinatal Mexican American adolescents, (j) African-American males with juvenile justice involvement, and (k) upper secondary vocational students. In general, the studies included a range of qualitative methods and participants who represented a variety of demographic characteristics (see Table 2).

Table 2

Characteristics of Individual Studies

Author(s)	Participants	Study aim	Method
Best et al., 2016	Adolescent males ages 14-15 (<i>n</i> = 56)	Conceptualization of online help-seeking	Semi-structured focus groups
Boyd et al., 2007	First year undergraduate psychology students between 17-21 who sought help during adolescence in rural area (<i>n</i> = 6)	Exploration of help-seeking experiences	Semi-structured interviews
Camara et al., 2017	Adolescents aged 15-16 (<i>n</i> = 80)	Exploration of adolescents' perspectives on depression and stress	Focus groups
Collins and Barker, 2009	Homeless adolescents ages 17-21 (<i>n</i> = 16)	Examination of homeless young people's views about seeking help for psychological problems	Semi-structured interviews
Corry and Leavey, 2017	Adolescents ages 13-16 (<i>n</i> = 54)	Exploration of attitudes and perceptions of psychological help-seeking from general practitioner	Focus groups
Gronholm et al., 2017	Adolescents ages 12-18	Exploration of stigma in relationship to help-seeking pathways	Semi-structured interviews
Ijadi-Maghsoodi et al., 2018	Low income minority adolescents in grades 6-12 (<i>n</i> = 76)	Exploration of perceptions of help-seeking and barriers to mental services at SBMH sites	Focus groups
Johnson and Menna, 2017	Adolescents in care ages 16-20 (<i>n</i> = 7)	Examination of subjective experiences and perceptions related to mental health and help-seeking among adolescents in care	Semi-structured interviews
Lindsey and Kalafat, 1998	Adolescents from 4 predominantly white high schools (<i>n</i> = 41)	Exploration of views of preferred characteristics of school-based adults and determination of perception of barriers to seeking help from them	Focus groups
Lindsey et al., 2006	African American urban adolescents ages 14-18 (<i>n</i> = 18)	Examination of help-seeking behavior of depressed adolescent African American boys	Semi-structured interviews
Lindsey and Marcell, 2012	Black males in 4 age-appropriate groups	Exploration of perceptions of help-seeking for mental health	Focus groups
Molock et al., 2007	African American church going adolescents ages 12-18 (<i>n</i> = 42)	Exploration of adolescent perception of help-seeking behaviors in the context of hypothetical suicide crisis	Focus groups
Recto and Champion, 2018	Perinatal Mexican-American adolescents ages 15-19 (<i>n</i> = 20)	Exploration of perceptions of professional help and perinatal depression among pregnant and post-partum Mexican-American adolescents	Semi-structured interviews

(table continues)

Author(s)	Participants	Study aim	Method
Samuel, 2015	African American males ages 15-17 who have been involved with the juvenile justice system ($n = 54$)	Examination of the influence of culture on attitude and help-seeking behavior	In-depth interviews
Tharaldsen et al., 2017	Upper secondary vocational school students ages 17-18 ($n = 6$)	Adolescent perspectives on knowledge of services for mental health problems, potential barriers for help-seeking, and services to which they have access.	Semi-structured interviews
Wilson and Deane, 2001	Adolescents ages 14-17 ($n = 23$)	Exploration of adolescent opinions about help-seeking behaviors, reducing barriers, raising sensitive issues, and increasing appropriate help-source engagement	Focus groups

Data Collection

As mentioned in Chapter 3, the search terms used in this meta-synthesis to locate studies included (*adolescent** OR *young people** OR *child*) AND (*mental health** OR *mental illness** OR *psychological support*) AND (*help seeking**) AND (*qualitative**). After continued consultation with a Walden University librarian, it was decided that additional search terms as expanders would enable me to capture as many potential records to address my research question. Thus, the keyword search terms used for this meta-synthesis also included (*adolescent** OR *young people** OR *youth** OR *child**) AND (*mental health** OR *mental illness** OR *psychological support** OR *mental disorder** OR *depression** OR *anxiety**) AND (*help-seeking**) AND (*qualitative**). It is important to note that *qualitative* was only included as a keyword in databases that did not allow it to be identified as a limiter. In addition to the identified keyword searches, the inclusion criteria was (a) findings were reported in English, (b) findings were reported in peer-reviewed journals, and (c) studies utilized a qualitative methodology. Studies were not limited to those conducted in the United States or those conducted during a specific time frame.

I originally intended to search the following databases for potential inclusion studies: (a) Academic Search Complete, (b) PsychInfo, (c) Pubmed, (d) SAGE journals, (e) SocIndex with full text, and (f) Science Direct. Upon recommendation of the university librarian, I decided to omit SAGE journals, as there was no way to reduce the volume of data for this study. I also omitted the Science Direct Database, as it was not recommended for this type of study. The following databases were recommended by the

Walden University librarian to address my social science research questions and were subsequently added to my search: (a) Psych Articles, (b) ERIC, and (c) Social Work Abstracts. In total, seven databases through the Walden University online library were search using keyword searches and limiters to identify articles for potential inclusion in this meta-synthesis.

To identify articles for potential inclusion in this study, I performed manual electronic searches on each of the databases individually. Keyword searches with the identified limiters yielded a total of 634 records in the seven databases combined. I then conducted a manual title and abstract review of all records and found that of the 634 records, 517 were determined to be ineligible for various reasons. Of the records screened, participants in 175 of the studies were outside of the target age range of adolescence identified for this meta-synthesis. Further abstract review also identified that an additional 199 records were ineligible because they focused on aspects outside of the scope of this study. An additional 29 studies were excluded at this stage due to the utilization of quantitative or mixed methodology. Finally, although most of the studies initially identified focused on help-seeking, 114 were not focused on the perspective of the adolescent. After removing 55 duplicate records, 62 records were deemed potentially eligible, which I reviewed until I determined that 15 studies met full inclusion criteria. I identified two additional records after performing an exhaustive reference check of all inclusion studies, bringing the total number of eligible records to 17 for this meta-synthesis study as seen in Figure 1.

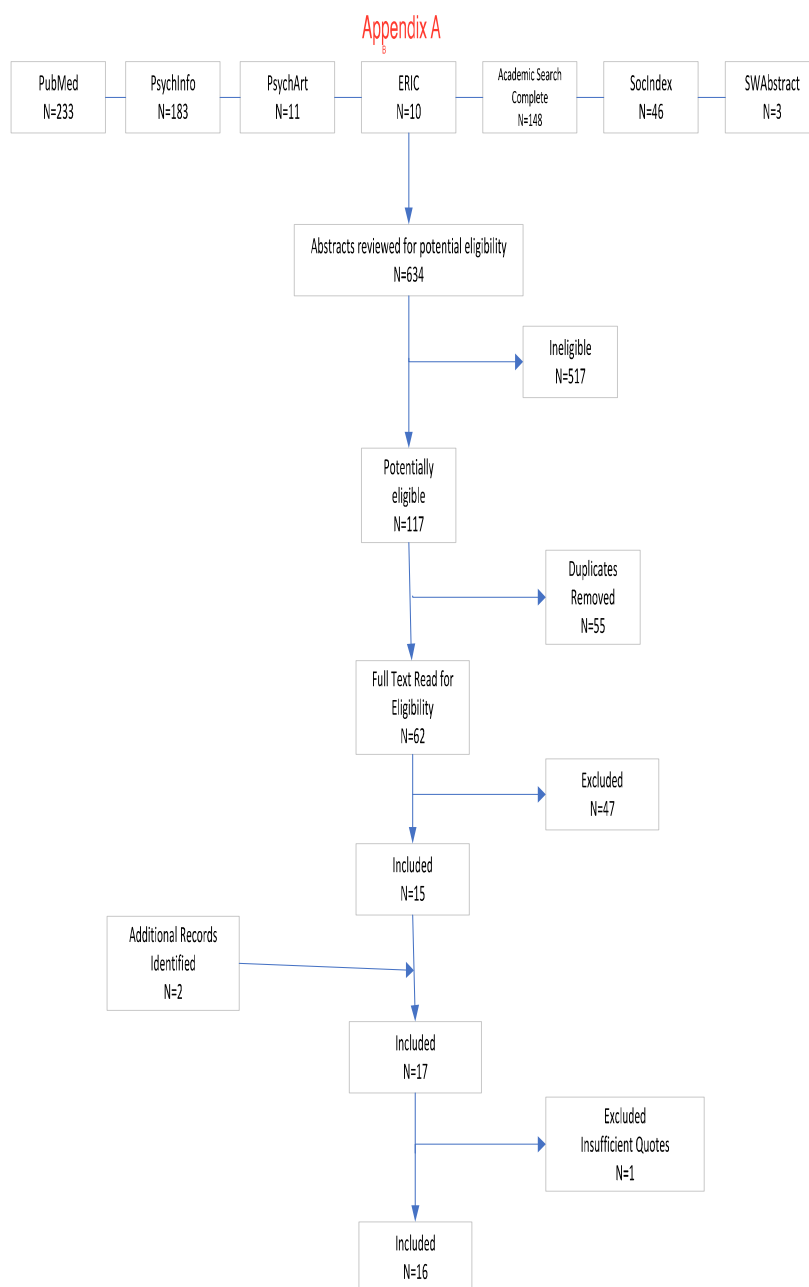


Figure 1. Process for data collection.

Data Analysis

After re-reading all studies in their entirety in preparation for coding, I closely examined the direct quotes from participants in each study. At that time, I determined that one study lacked a sufficient number of direct quotes and omitted that study from this meta-synthesis. Thus, the total number of studies was 16 in this meta-synthesis. Next, I enlisted NVivo to assist with me organizing the data. After loading each of my studies into the program, I used word queries to help me identify frequently used words in my data to establish preliminary nodes. Although frequency counts are characteristic of quantitative research, they were helpful to help me establish preliminary codes within my data set. As recommended by NVivo, it is helpful to run frequent queries and visualization in the data set to assist with the coding that will need to be done. I completed an initial word count visual of a word cloud of all 16 studies in their entirety, with the largest words representing greater frequency in the data to assist me with a preliminary idea of what may be in the data. The top 100 words in the 16 studies can be seen in Figure 2.

In my initial round of coding, I used descriptive coding consisting of words and short phrases to assign meaning to what I found in the direct quotes from participants. I again performed a word count query on only the words and phrases that I assigned to specific nodes, as can be seen in Figure 3.



Figure 2. Word count query of top 100 words in all studies.



Figure 3. Word count query on top 100 words in participant quotes.

At the conclusion of the first round of coding, I identified 51 individual codes and exported them into my code book. Because qualitative meta-synthesis is iterative in nature, I then reviewed my complete data set again to begin to move from coded words and phrases to determine categories and themes to provide a broader picture of the data. During this process, I began to look for emerging patterns and themes related to my research question and conceptual framework. The findings are discussed in the Results section of this chapter.

Evidence of Trustworthiness

As discussed in Chapter 3, I followed through with the planned steps to ensure that my research was valid to collect data that would increase understanding of adolescent psychological help-seeking. Data collection involved consistent and methodical identification of articles for inclusion based on specific criteria. After narrowing down a final set of articles for inclusion, I met with a PhD level professor at the local university to review the preliminary coding structure and agree on a coding framework. I also provided her with a copy of my research question and theoretical framework and provided her with a rationale regarding how the preliminary coding framework reflected both. We then independently coded two articles based on the preliminary coding structure and met again to compare codes. We discussed minor discrepancies and were able to reach consensus on codes and established 96% intercoder reliability, thus increasing the dependability of the results. Qualitative inquiry does not typically seek results that are generalizable to a larger population. However, the results

of this study may serve as a foundation for further research to build upon to increase the knowledge base of adolescent psychological help-seeking.

Role of the Researcher

Although aspects of worldview, biases, and values based on my personal experience did not influence data collection directly from the participants, they did shape the identification of the focus of my study and the development of inclusion criteria. In this qualitative meta-synthesis study, I strategized to mitigate the impact of my personal experience, biases, and values on my interpretation of the data. Reflexive journaling throughout the phases of collecting and analyzing data increases self-awareness and strengthens the credibility of the research (Janesick, 2011). I kept a personal journal throughout this process to reflect on thoughts, feelings, potential biases. As I coded individual studies, I separately made notes of personal reflection. For example, I noted my frustration that many school personnel do not feel that it is their responsibility to assist young people with psychological struggles, which allowed me to acknowledge my bias that could influence my interpretation of the data. Throughout the process of iterative coding during in which I combined codes or dropped others altogether, I worked to ensure that my codes consistently and accurately reflected the descriptions of text within the data received directly from participants.

Results

The results and discussion sections of each of the 16 individual studies in this meta-synthesis were examined again to begin the coding process. I read line-by-line and assigned a label consisting of either a word or short phrase that described its meaning

with regard to the research question. At the conclusion of the first round of coding, I identified 51 initial codes and assigned to a node in NVivo, which is described as a container for the particular concept being described. For example, one of the node descriptors was defined as self-reliance. Each segment of participant transcript that reflected the concept of self-reliance was placed in this node. This technique is especially beneficial in conducting a meta-synthesis, since one of the main objectives of this methodology is to determine how studies are related (Noblit & Hare, 1988). Classifying participant statements into nodes facilitates a smooth transition to additional rounds of coding to establish categories and themes to determine similarities and differences between participant accounts with regard to psychological help-seeking.

In the second round of coding, some codes represented similar meaning and were collapsed and some codes were dropped altogether due to minimal representation in the data. An example of two codes that were combined is data coded under “judgment” and “stigma”. I identified that both codes reflected fear of judgment by others as a barrier to seeking psychological support and I collapsed all data coded under both nodes under the code of “stigma”. Another example of this was the determination that “self-reliance” and “sign of weakness” could be coded together under “self-reliance”, as the participant statements reflected the same meaning with regard to these two codes. Since qualitative coding is an iterative process, study transcripts and codes were reviewed again to establish categories that reflected the individual codes. Finally, I continued to review codes to determine patterns and emerging themes found in the data that related to the research question and theoretical framework. I did not complete a specific number of

rounds of coding, but rather worked back and forth between items in the data set as necessary to identify categories and emerging themes. Table 3 reflects the categories and emerging themes found in the data set. Table 4 represents the combined frequency that the individual nodes that comprised each emerging theme were found in the data.

Table 3

Categories and Themes

Categories	Emerging themes
Helper characteristics	Barriers
Mental health literacy	Facilitators
Pathways	Formal pathways
Self-reliance	Informal pathways
Stigma	
Trust	

Table 4

Frequency of Themes

Emerging theme	# of times referenced by participants
Barriers	138
Facilitators	53
Formal pathways	90
Informal pathways	92

Theme 1: Barriers

One of the main themes that surfaced frequently throughout this dataset was barriers to adolescents seeking support for psychological problems. In fact, barriers to accessing psychological support comprised the most frequently noted theme in participant accounts throughout the data set. When looking at how to increase utilization of psychological supports by adolescents, it is imperative to explore those factors that

prevent young people from seeking help. It is noteworthy that barriers were referenced more frequently than any other theme in the data set. I will present thematic results with particular reference to ways in which the findings of the studies align or deviate, which is an integral part of the qualitative meta-synthesis methodology (Noblit & Hare, 1988).

Barriers to help-seeking were referenced by participants 138 times in the data set. Three subthemes arose within the larger theme of barriers to help-seeking, including, (a) self-reliance, (b) stigma, and (c) mental health literacy.

Self-reliance. One of the key developmental tasks of adolescence is increasing autonomy and decreasing reliance on others in preparation for the next stage of impending adulthood (Heerde & Hemphill, 2018; Bernstein et al., 2006). With regard to overall maturation and emotional development, self-reliance is a developmental skill that typically serves young people very well, as it facilitates autonomy. However, self-reliance can hinder help-seeking resulting in negative outcomes, particularly as it pertains to emotional well-being.

The frequency of which adolescents cited self-reliance in this study indicates that when it comes to managing psychological difficulty, the belief of young people that one should rely on themselves actually serves as a barrier to seeking and receiving support for problems that they are ill equipped to manage on their own. Of the three primary barriers that emerged as subthemes in this meta-synthesis study, the need for young people to rely on themselves to manage psychological difficulty was the most referenced barrier and resonated throughout participants in the individual studies, regardless of the demographic

parameters of the individual studies. Of the 138 references to barriers to seeking help, adolescents referenced self-reliance just under 50 times.

The belief that one should try to manage emotional struggles without seeking support from others manifested in participant accounts in the majority of studies across a wide variety of settings and in several countries. Some adolescents felt that it was easier to act as though nothing was wrong and fake their way through interactions with others. As one girl under the age of 16 in England stated:

Get out of bed, put a smile on, just so people wouldn't ask you questions like "Are you ok?" . . . When you wanna cry on the outside, you just gotta put a fake smile on just act like everything's ok just to save the awkward questions.

(Gronholm et al., 2017, p. 1848)

And another adolescent in Australia between 14 and 17 years of age conveyed: "I tend to trust myself more than people...keep the lot to myself" (Wilson & Deane, 2001, p. 352).

Many other adolescents in this meta-synthesis felt that it was a sign of weakness to rely on someone else for support and this belief was not exclusive to adolescents with particular demographic characteristics as evidenced throughout the data. One homeless youth reported the following within the context of self-reliance as not to be indebted to others: "Now I'm just dealing with my own problems, trying to solve them myself. I don't rely on anyone. I don't want to have to be grateful to anyone" (Collins & Barker, 2009, p.378). Adolescents in both urban and rural areas conveyed that self-reliance was a key barrier to seeking psychological support. As one African American adolescent male in an urban area shared: "Just deal with it. There's nothing—I mean it's just life. I go

through. I mean I don't know. I don't seek no help. I don't talk to nobody or nothing. I just go on with whatever I'm doing" (Lindsey et al., 2006, p. 52). Australian adolescents living in a rural area talked about why it was not acceptable to rely on others for support, citing the perception of weakness as did the adolescents in urban areas: "You can't be weak in the country you know...you know you can't be weak, you can't have mental illness, that's what fairy tales are made of" and "It's harder for people to explain what they're feeling because it's a sign of weakness" (Boyd et al., 2007, p. 197).

The sub-theme of self-reliance as a barrier to psychological help-seeking also emerged among African American males between 15 and 17 years of age who have had interaction with the juvenile justice system. Many indicated why they feel that self-reliance is the best strategy to manage psychological difficulty: Perry stated, "I think you need to show some personal strength when you have any problem. I think I just need to deal with it my own way and get through it". Troy agreed, "...mental health problem is a personal issue, you need to be strong in your mind and push hard for it to go away. I don't think you need any one to work in your mind for you" (Samuel, 2015, p. 37).

In this data set, the mindset of self-reliance is prevalent among several groups of adolescents who exhibit varying demographic and cultural characteristics. The commonalities among young people in the studies in this meta-synthesis may indicate that the need to manage psychological problems on their own is more reflective of the developmental stage of adolescence than other demographic qualities. Among young people, the need to be self-reliant and portray strength emerged as a formidable barrier that was consistent among adolescents with diverse demographic characteristics.

Stigma. Stigma is commonly referred to as attitudes and beliefs about mental health and mental illness that play a part in stereotyping and negative thinking about those that seek help (Mental Health Commission of Canada, 2009). Stigma associated with psychological help-seeking emerged as the second subtheme and a significant barrier to seeking support among the adolescents in this meta-synthesis. Often times, by virtue of the developmental phase that they are in, adolescents place great value on the opinions of others, particularly peers, thus giving fear of negative thinking and stereotyping significant power and influence on their decision to seek, or not seek, support.

In this meta-synthesis study, fear of stigma consistently emerged as a barrier among adolescents who were afraid of becoming the target of negative thoughts and stereotyping if they sought psychological support. Specifically, one recurrent barrier throughout the studies in this meta-synthesis relative to negative thoughts was the fear of being thought of as weak if they pursued support. As one low-income minority youth stated, “People think you’re a wimp that you need someone to help you like you can’t handle your own problems” (Ijadi-Maghsoodi, et al., 2018, p. 438). Leah (age 18), who is an upper secondary vocational student in Norway agreed that seeking help reduces one’s own strength, “...you feel a bit ‘down there’ compared to others. So, it is embarrassing to contact anyone kind of. And it sort of reduces your own strength” (Tharaldsen et al., 2017, p. 118). Others felt that it made them look “soft” (Lindsey et al., 2006). Fear of stigma by other types of negative thinking were noted as well. Lester, an African American male between 15 and 17 years of age with juvenile justice involvement

shared the following with regard to seeking psychological support, “People look at you like you’re not normal. They think you can’t live a normal life” (Samuel, 2015). As Samuel (2015) also found, adolescents noted fear of being targets of negative thinking for seeking help in other areas as well, including that they “cannot keep any secret and cannot hold a job” (Sharkey), “...like I don’t belong in the neighborhood. They can make me feel like I have something bad and should not come near them” (Dugan), and “They like to tell people their problems (Jones; p. 38). As Jakob (age 18) noted, that the negative thinking around psychological help-seeking can also lead to ostracism:

Mainly if you are afraid that people will think that something is wrong with you, that you can lose friends if anyone should find out. A lot of people hide it because many see it as uncomfortable to talk about. (Tharaldsen et al., 2017, p. 118)

A participant in treatment emphasized that being ostracized and excluded, can lead to increased psychological difficulty:

Because their friends might sometimes think like they’re crazy and stuff like that. Wouldn’t want to hang around them. And they’ll just sit there and make up more excuses to stay away from them. It [mental health treatment] would draw all that person’s friends away from him too. Then that person would just be, like, down in the dumps. (Lindsey et al., 2006, p. 54)

In addition to stigma that manifests in negative thinking toward adolescents who seek psychological support, two primary stereotypes emerged from the data included fear of being stereotyped as “crazy” or “gay.” Aaron, an African American male between 15

and 17 years of age from the United States, disclosed the following with regard to trying to mitigate the damage to his reputation and appear “less crazy” to his peers:

When I used to go to the program, you know, any time we walk past the building, my friends will point at the building and joke with me saying ‘that’s where you come meet with your crazy friends’, and they both laugh, asking me, ‘what do you do when you go there, nut-head? I was like embarrassed, and though I was still going to the program at the time, I tried to save my face and lied to them that I was not going there anymore. (Samuel, 2015, p. 38)

Shamika and Corey concurred, respectively: “If they know you have mental health problem in this neighborhood, they just talk stupid stuff about you. They think you are crazy” and the stereotype that “you have to be careful around them, they are psycho (Samuel, 2015, p. 38).

Other adolescents in this study were afraid of being stereotyped as “gay” if they sought psychological support, as was the case for one African American male between 14 and 18 years of age in an urban area of the United States,

Asking for help means that you’re gay. That’s what it means. That’s how they (African American adolescent boys) interpret it. Well, I mean you go down the line. If you ask for help, or if you cry, or if you look emotional, if you feel depressed, that means you’re soft. If you’re soft, then you’re gay and you’re not hard and not tough You can’t let anybody know that you’re soft. I swear it’s like being in jail. (Lindsey et al., 2006, p. 54)

Another adolescent endured ridicule from peers who knew he engaged in self-harm behavior as a way to cope with psychological difficulty:

In the dining hall, cos of the knives, cos they knew I cut they would be like “Oh, do you want a knife? Do you want a knife? You need to cut, you don’t look well.” . . . Then we were doing in Maths, about like grams and like weight and that. And people kept asking, kept saying comments like “Oh how much blood would you have to lose before you die? How many pills would it take to kill yourself?” . . . They would have that little smug smile on their face and that look in their eye when you know they are aiming it at us. (Gronholm et al., 2017, p. 1847)

As part of a study in 2015, Clement et al. conducted a systematic review to examine whether stigma impacted help-seeking at a disproportionate level in certain populations and found that among young people under 18 years of age, stigma was a significant deterrent to seeking psychological support. This qualitative meta-synthesis supports the finding that stigma continues to emerge as a barrier to seeking support among adolescents. The fear of being the target of negative thinking and stereotyping, such as being weak, crazy, soft, or gay, etc., combined with the fear of losing friends, presents a significant barrier to seeking psychological support.

Mental health literacy. Mental health literacy was the final subtheme that emerged under the main theme of barriers that prevented young people from seeking psychological support. Within this meta-synthesis, poor mental health literacy was evidenced among several participants within a variety of contexts. Three areas emerged

within the area of mental health literacy, including problem recognition, problem normalization, and accessing supports.

A significant issue that emerged within the area of mental health literacy was the ability for adolescents to recognize that a psychological problem existed. As post-partum Mexican American adolescent shared, “It’s not easy. People have to point it out for you to understand what’s going on. You don’t think about it. You just feel difficult types of emotions out of nowhere (Recto & Champion, 2018, p. 113). In their 2018 study, Ijadi-Maghsoodi et al. found that many students were not able to identify psychological difficulty within themselves, as one student noted, “Say someone has anxiety issues, but they had it their whole life...they wouldn’t know they had mental problems” (p. 441). The absence of ability to recognize that a problem exists serves as a barrier to seeking support.

Other times, when adolescents were able to recognize that a problem existed, they often would normalize it. Problem normalization was noticed among many groups of adolescents, including post-partum Mexican American girls, as one to directly stated, “I’d say it’s normal for every pregnant girl to have depression. For somebody to say you have depression while you’re pregnant, it’s like somebody saying, oh, you have contractions while you’re in labor (Recto & Champion, 2018, p. 135). Another adolescent in a focus group between 15 and 16 years of age in Spain spoke about peers down playing feelings, and ultimately, becoming barriers to seeking support, “If they don’t really know how you feel and they say ... you say ‘I’m depressed I do not know why’ and they answer: ‘Come on, it’s not a big deal!’ (Camara et al., 2017, p. 129).

Finally, within the barrier of mental health literacy, adolescents indicated that they often had inadequate knowledge of where to go for support. This seemed to hold true in studies that were conducted quite some time ago as well as those carried out more recently. In a study conducted almost two decades ago in Australia aimed at increasing the engagement of young people with sources of psychological support, one adolescent noted the following would be helpful, “A better knowledge of where to go specifically cause I wouldn’t know where to go” (Wilson & Deane, 2001, p. 354). Interestingly, more recent research inquiry indicated that young people continue to report that lack of awareness of available supports still presents a formidable barrier to receiving help. An adolescent in Australia shared about the lack of available information in their rural town “I guess I didn’t really know what was here, I didn’t know what help there was (Boyd et al., 2007, p. 197). A homeless adolescent who seemed to feel even further removed perhaps from knowledge of available help sources stated, “Anyway, it’s difficult to find anyone who would help. I don’t know much about services for people like me” (Collins & Barker, 2009, p. 378). Leah, age 18, assumed that support was available only for certain problems: “There are brochures out there (in the waiting room at the school counsellors’ office) and that one at the emergency room but that’s more for those who have been abused or something” (Tharaldsen et al., 2017, p. 118).

In summary, barriers to adolescent psychological help-seeking emerged as a main theme in this meta-synthesis, with the subthemes of a) self-reliance, b) stigma, and c) mental health literacy consistently surfacing throughout the dataset. These findings were consistent with other research studies that examined barriers to adolescent psychological

help-seeking (Bradford & Rickwood, 2014; Gulliver et al., 2012; Harding & Fox, 2015; Heerde & Hemphill, 2017; Kauer et al., 2014; Mackenzie et al., 2014; Rowe et al., 2014; Rusch et al., 2014; Spence et al., 2016). Despite congruent results from previous research, adolescents communicate that these obstacles continue to considerably hinder, and often times altogether prevent, psychological help-seeking. Given the fact that as many as 20% of young people experience some type of mental health problem (Powers et al., 2014) and only 10% of them receive the support they need (Rossen & Cowan, 2014), it is evident that the identified barriers continue to negatively influence emotional wellness among young people.

Theme 2: Facilitators

The second theme that emerged during this meta-synthesis was facilitators. Facilitating factors can be described as those which promote the behavior of help-seeking. Three subthemes emerged within this meta-synthesis that promoted psychological help-seeking among adolescents, including a) mental health literacy, b) trust, and c) helper characteristics.

Mental health literacy. Somewhat paradoxically, mental health literacy emerged as a subtheme both under barriers and facilitating factors in this meta-synthesis. While problem recognition and lack of knowledge of available resources emerged as a barrier to help-seeking, many adolescents also indicated that education and awareness with regard to knowing how and when to access support could also be facilitating factors to psychological help-seeking.

Adolescents in this meta-synthesis indicated that improving mental literacy through education would increase engagement with sources of psychological support and facilitate the help-seeking process. Adolescents articulated several strategies to utilize education to normalize psychological distress, increase knowledge of available help sources, and identify the benefits of seeking support. Two adolescents spoke of the benefits of educating adolescents about the prevalence of psychological difficulty in an attempt to normalize the problem, “On a group level, those who are having problems find out that there are other people with similar problems, they are not the only ones so they don’t feel isolated” and “I think that’s a very important part ... normalizing it” (Wilson & Deane, 2001, p. 354).

Other adolescents stressed that knowing where to go for help is a critical facilitator to psychological help-seeking. One young person recommended the availability of a clinic where young people could access medical and psychological care to facilitate help-seeking, stating, “There should always be a clinic for teenagers...you’d have to say it was for a lot of different things for teenagers as well as medical ... when you go everyone’s like ‘Oh, you go here for that’” (Wilson & Deane, 2001, p. 355).

Many adolescents in this meta-synthesis spoke about the opportunities for schools to provide information to increase mental health literacy by improving the understanding of the need for psychological support for all students. Sarah, age 18 from Norway stated, “I think stress should be in the curriculum in a way” (p. 118), while Tobias, age 18, spoke about improving mental health literacy by having general conversations about emotional health in classes, (Tharaldsen et al., 2017, p. 120):

Adolescents today have been really good at ignoring posters, and when teachers enter classes, they have become really good at ignoring and I find that pretty sad, so the best way must be to enter the classroom and tell about it.

An adolescent in Australia concurred:

Give examples of people...not specific, just I know someone who has this problem, what would she benefit from. Examples have to be little ones ... simple things. Cause...the conclusion is that everyone feels depressed and there is no way of getting them to help...a simple slogan like “Do you feel like such and such?” “Do you feel there is a problem you can’t fix?” “Do you feel that there’s no help for you?” people are going to read it and think “Yeah,” then read the next bit and think “OH”. (Wilson & Deane, 2001, p. 355)

One minority adolescent in an urban area of the United States agreed that improving mental health literacy as part of a school curriculum may facilitate psychological help-seeking among adolescents, as it may initiate the process for young people who otherwise may not think to do so. The student talked about the role that the teacher could play in raising awareness of available resources and the encouragement of students to seek necessary support:

If we talk about it in front of a whole class... they might like laugh...but like about 3 or 4 students inside that class might think in their head...I might really need this but I’m too embarrassed to say it in front of the whole class. (Ijahdi-Maghsoodi et al., 2018, p. 441)

Lastly, adolescents shared that education focusing on the benefits of seeking help would likely serve as an important facilitator to psychological help-seeking. One adolescent spoke about the benefit of reducing further harm, “We need to get over the fact no matter how small the problem is (help seeking) is a good idea because (the problem) could lead to something else. The smallest problem can lead to the biggest consequences (without help)” (Wilson & Deane, 2001, p. 354). Others spoke of the benefit of release after seeking help, “Sometimes when I really feel like thinking I’ll talk. Like it feels kind of like a relief to get certain things off my chest” (Collins & Barker, 2009). Providing education to increase the mental health literacy among young people by letting them know they are not alone, increasing their knowledge of help sources, and identifying the benefits of seeking help can all serve as facilitating factors to help-seeking.

Trust. Among young people, the level of trust that the adolescent placed in the helper emerged as a facilitating factor among adolescents when making the decision to seek support for psychological problems. It was clear that among young people, trust was a critical factor in the decision to seek support. Trust also emerged as an important element in the particular choice of support. One post-partum Mexican American adolescent talked about the importance of being able to trust a source of professional support, whether it’s from an established relationship, positive report from others, or just an overall positive rapport in the initial encounter:

Having trust is always important. It’s like you can rely on that person whether any kind of situation. You just have to have that trust for you to say something. It has

to be someone that it's like, I can rely on you. I've known you. Or from what I've heard from other people you're a good person. So, it's like, I'm gonna build that trust. Or right away, you know, trust could be built in that same day. It's like, I really got on well with that person, I think I'm gonna keep going. (Recto & Champion, 2018, p. 114)

A middle school student in a low-income area agreed, "Trust is a really big issue, especially at our age" (Ijadi-Maghsoodi et al., 2018, p. 440).

Confidentiality emerged as a factor within the subtheme of trust among adolescents when seeking psychological support. Adolescents in Australia emphasized that an integral part of trust was believing that the person with whom you entrusted your personal information would keep it confidential, "It's a trust thing, you go to people who you know have an obligation to keep what you say to them" (Wilson & Deane, 2001, p. 352). Trust, based on confidentiality, seemed to strongly influence the choice of source of support among adolescents in England as well. A girl over sixteen years of age stated, "I think as I started really opening up, we were really close and then . . . I had trust in her and I knew she wouldn't tell anybody else" (Gronholm et al., 2017, p. 1848). A girl under sixteen years of age spoke about how discussion around confidentiality enhanced trust in her choice of support, "The [school counselor] said like how it would be confidential . . . And I felt like "Oh this is a person I can trust." And that I can tell everything (Gronholm, et al., 2017, p. 1848).

Since one of the trademarks of adolescence is increased fear of judgment by others, it is unreasonable to think that young people will share personal thoughts and

feelings or seek support from someone they do not deem trustworthy. The results indicate that help sources should focus on increasing levels of trustworthiness with adolescents. As evidenced by the results of this study, a significant piece of this should include discussion around and confirmation of confidentiality.

Helper characteristics. Finally, facilitating factors that emerged among adolescents in this study consisted of desired characteristics of helpers from whom they either sought or would choose to seek support from. Several groups of adolescents identified that their helpers would need to be caring, good listeners, non-judgmental, genuine, relatable, and empathic. Additionally, others felt that help-seeking would be facilitated if the helper had experienced the same problem for which they were seeking support.

It was particularly important among homeless adolescents that their helper was caring. One spoke about the impact of choosing a caring helper on ultimately caring about oneself, “You’ll start asking yourself, ‘Who is he to care about me so much?’ And then if he cares about me – at least one thing positive – then why don’t I care about myself so much to do these things (Collins & Barker, 2009, p. 380). Another noted that the helper had to be genuinely caring, not just playing the part:

Most importantly, I need to know that they really do care what happens to me. I know it’s their job and all but some of them do seem to care. If you think that they care about you and are doing their best, you can put up with a lot. It has to be genuine though – not just some act they’re putting on (p. 379).

One African American church going adolescent felt that they would get caring support within their own church, which would facilitate help-seeking, but were uncertain of how their need for psychological support would be received by the broader church community, “I know that (youth) can get help here, they really care about you here but I don’t know what happens out there; they might put you out or something”. (Molock et al., 2007, p. 58)

Other adolescents noted the importance of their helpers being good listeners. An adolescent male who was 13 years of age spoke about the need for the helper to genuinely and sincerely listen to him so that, in that moment, he felt like the priority:

It’s easier to speak to somebody if you feel that you are just talking to them, you don’t feel like they are recording it or they are writing it down, taking notes or using your experiences to help other people, maybe you just want your session being about you. (Corry & Leavey, 2017, p. 5)

An adolescent between 14 and 17 years of age in Australia spoke about the need for the helper to demonstrate that they have heard them and ensure they have interpreted what they have shared correctly by providing feedback:

If I’m talking, I want to make sure you’ve got it straight.”...”I want you to feed back so I make sure you understand what I am going through...so it feels like I actually mean something if I tell you my problems. (Wilson & Deane, 2001, p. 357)

Adolescents also identified that speaking with a helper who was relatable was also identified as a key facilitator to adolescents seeking psychological support. One

adolescent talked about how he would begin the interaction with benign information at first while deciding whether the helper was relatable enough to utilize the helper for psychological support:

Start a conversation with the person then start asking them little questions about small things and slowly buildup to it....Start with general conversation... 'hey, how you going?' then move to other stuff...More of a conversation than a question answer thing...Like a little chat...Just talk about everyday things ... Talk to them and not at them ..Warm up, not just straight into it. (Wilson & Deane, 2001, p. 356)

Several adolescents in this study expressed that it was important for them that their choice of helper previously experienced the same problem for which they were seeking support. For example, one homeless adolescent expressed that a helper who had experienced the same problems would be less judgmental:

For me, I like to talk to someone who can understand me. I think people who've been through these things themselves understand better. You've got to feel like you can tell them stuff and they'll know where you're coming from and wouldn't judge you for it. (Collins & Barker, 2009, p. 379)

An adolescent in foster care concurred when speaking about her choice of informal support, "Because both her and [other family member] have been in my shoes, they've both been in care since they were really little and they know what I'm going through (Johnson & Menna, 2017, p. 96).

In summary, facilitators emerged as a main theme within this meta-synthesis. Subthemes that surfaced within this main theme included, a) mental health literacy, b) trust, and c) helper characteristics. Although much of the literature has focused on barriers, there has been a more recent increase in research that has focused on identifying factors that facilitate, or promote, psychological help-seeking (Burns & Birrell, 2014; Clarke et al., 2015; Gulliver et al., 2012; Murphy et al., 2014; O'Connor et al., 2014). The results of this qualitative meta-synthesis indicate that adolescents find that mental health literacy, trust, and specific characteristics of help sources strongly facilitate the help-seeking process.

Theme 3: Formal Pathways

Adolescents in this study spoke of accessing psychological support from two distinct pathways, formal and informal, as evidenced in Themes 3 and 4. Formal pathways were referenced frequently by adolescents in this data set. Within this theme, two different formal avenues emerged in the form of subthemes and were described by adolescents to include Counselor/Mental Health Provider or Medical Provider. Adolescents in the majority of studies acknowledged formal pathways as a source of psychological support, although adolescents reported discrepant views on whether they would access support via these avenues.

Mental health professional/counselor. Some adolescents felt positive that counselors or mental health providers were available for those who need it. As Collins and Barker (2009) learned from one homeless adolescent who indicated that there was value in accessing formal support:

Sometimes you just need to speak to someone, like a counsellor or someone, and they can help you get your head straight. I've heard that they can help you get off drugs or sorting out your anger or your relationships – things like that. I think it's good that there are people like that out there. (p. 377)

Additionally, one minority youth in the United States spoke about the importance of mental health counselors fostering connections with young people in order to facilitate help-seeking, “Counselors could create bonds with people... Just to say that you can come here, and I will be there if you need me” (Ijadi-Maghsoodi et al., 2018, p. 441).

However, an overarching theme among adolescents in this meta-synthesis indicated that accessing mental health providers was not a desirable avenue for receiving psychological support. An aversion to seeking support through this formal avenue was particularly prominent among African American male adolescents. African American participants who had been involved with the juvenile justice system reported that they would not seek help via formal avenues for various reasons (Samuel, 2015). Cole asked, “What can the psychologist tell me that will help change our family situation now?” (p. 37). Raymond spoke about the stigma associated with seeking formal support in his community, “If you go to the psychologist, your name will be out there for the gossips and negative attitudes that people will show to you in this community” (p. 38). Others spoke about prior help-seeking through formal sources that were not helpful, as articulated by Young, “I think counseling is not for everybody. I thought it will work for me but it didn't. I feel like I was getting nothing, every day I go, it was just talking we didn't do anything, so I stopped” (p. 38) and Shawn, “I don't believe talking alone can

help anybody. I know it did not help me. Somehow you got to do something for something to happen, you know (p. 37). In another study, an African American participant living in an urban area of the United States spoke about the absence of an established relationship built on trust and confidentiality with mental health providers that would reduce their willingness to seek support from this formal source:

Older Adolescent 1: Honestly, I can't handle counselors 'cause I'm not just gonna go ahead and tell a stranger everything about me. It might take me about (thinks and mumbles) 20 sessions for them to get into my head. I'm not going to go in there and tell you "Oh I'm feeling down about this and this [is] wrong [with me]." Cause counselors will get you for real. Counselors will get your parents locked up. I've seen it cuff your parents—locked up. They may ask "You been beat at home?" And you like "Why you worried about that? We're supposed to be worried about MY problems". (Lindsey & Marcell, 2012, p. 358)

Medical provider. The second formal avenue that adolescents spoke of was accessing psychological support from their general practitioner or other type of medical provider. It seems that adolescents in some circumstances felt that seeking help from their medical provider was helpful. In a recent study, the majority of perinatal Mexican American adolescents in the United States indicated that it was not only acceptable by way of reduced stigma, but actually helpful, to utilize their medical provider for psychological support (Recto & Champion, 2018). One adolescent stated:

I feel like some people aren't comfortable talking to their friends or family, and once you get in the room with somebody you don't know, I feel like you're free

of what you want to say... I really don't speak out to people, and I feel comfortable with her (obstetrician). I talked to her about the depression I was going through... That helped me a lot. Because they're getting it from their doctor, their OB, and it's important to hear from them than anybody else because they know it could affect the baby and affect her. I think it would help me because I would listen to what you say and actually get help so I could fix those things if I do have it (depression). (Recto & Champion, 2018, p. 114)

One adolescent appreciated the willingness of her provider to provide psychological support, "I just let everything out to her and told her. She helped me get through it. Like she told me, 'Whenever you're in depression, whatever, come talk to me.' She was like a counselor to me" (Recto & Champion, 2018, p. 114), while another spoke of the importance of her medical provider normalizing feelings of post-partum depression:

He made me feel like I wasn't crazy. He made me accept the depression... My OB/Gyn said that it's normal for mothers to experience depression during and after pregnancy... If they say it's normal, I think it would make them feel better knowing they're not alone. (Recto & Champion, 2018, p. 115)

In another study, a young male adolescent who was 14 years of age reported that he would utilize his general practitioner for psychological support only if he were able to consistently see the same provider, highlighting the importance of established relationships and rapport to facilitate help-seeking, "If you have a set GP [general practitioner] maybe you'd feel more comfortable and stuff like that but if it is a different one every week then you'd be like 'nah'" (Corry & Leavey, 2017, p. 3). On the other

hand, one male adolescent who was 14 years of age stated that he would seek help from his general practitioner only if it was his last option:

I would go to my GP [general practitioner] if I had to, if it was my last resort but I'd prefer not to because I don't know them at all. It's like telling someone you don't know the secrets about your life. It's only if my family and friends (are not able to help me) and then I don't get better, then I'd go to the GP [general practitioner]. (Corry & Leavey, 2017, p. 3)

A 15-year-old male adolescent talked about how he might “test” his provider with basic information and then, ultimately, seek psychological support if he found that he could trust him:

If you went to see him about maybe more basic stuff and he went right maybe a couple of times about different stuff and been successful and you'd be, and you could trust them and you find out that they haven't said anything, you could maybe go back and talk about more serious stuff if you'd been a couple of times to find out what they are like first. (Corry & Leavey, 2017, p. 4)

Although some adolescents noted that they would trust their medical providers under certain conditions or in specific situations, others indicated that they would not engage in help-seeking for psychological support from them. Some adolescents felt that they could not relate to or trust in their providers at a level that would warrant psychological help-seeking, such as an adolescent male 12 years of age conveyed, “I wouldn't - I wouldn't talk to the GP [general practitioner] because I don't think I could trust them” (Corry & Leavey, 2017, p. 3) and a female thirteen years of age stated, “Like

they're too professional or something. I don't know like it's their job but it's not really... they're not really personal to you (p. 5). A female who was 13 years of age spoke about the perception that her medical provider would not understand her psychological needs or take them seriously at her age, "Doctors don't take you seriously at our age because they just see us as naïve and they wouldn't unless you were an adult, they wouldn't question it just write down stuff (p. 4). One perinatal Mexican American adolescent noted, "They just do everything so fast. They don't speak with you. They don't communicate with you. They don't even want to open up a conversation. They're just like, 'Oh, well you came here for this and that. Okay, next (Recto & Champion, 2018, p. 114). With regard to formal avenues of support, the results of this qualitative meta-synthesis indicate that the majority of adolescents studied prefer not to access the two formal avenues identified of Mental Health Counselor and General Practitioner.

Theme 4: Informal Pathways

A final theme that emerged from the data in this qualitative meta-synthesis was adolescent help-seeking via informal pathways. Informal pathways are broadly defined as those that originate from some type of personal relationship with the adolescent as part of a social network and usually consist of family and friends (Rickwood & Braithwaite, 1994; Rickwood & Thomas, 2012). In this study, three subthemes emerged under the main theme of informal pathways, including a) family, b) friends, and c) school personnel.

Family. One of the subthemes that emerged under informal supports for adolescents was seeking psychological support from family members. Adolescents

presented divergent opinions about whether family members were via options for psychological support. One male adolescent worried about his parents over reacting after disclosure, “Sometimes you like tell something to your dad or mum and they give it more turns than you, and the problem is yours, it’s like you’re quiet and they get stressed and it’s like, what’s this? (Camara et al., 2017, p. 129), while William expressed concern about the impact on his family if he were to disclose need for support:

Sometimes you just keep such feelings to yourself and away from outsiders because you don’t wanna start something in everyone mind about you, especially you don’t want your parents to worry and start wondering, “Is he going crazy or something?” That is the worst thing you want to do to your family”. (Samuel, 2015, p. 37)

Other adolescents worried about family members minimizing their problem, such as this female student between 15 and 16 years of age in Spain, “If they don’t really know how you feel and they say ... you say ‘I’m depressed I do not know why’ and they answer: ‘Come on, it’s not a big deal!’ (Camara et al., 2017, p. 129).

Most adolescents, however, spoke about why they have sought informal help from their family members or would in the future. One African American adolescent male spoke about the strength in his family unit from near and afar, “They’ve [family] always been very supportive... Even though a lot of them aren’t really around me, aren’t really that close to me. There’s still enough love to go around (Lindsey et al., 2006, p. 53).

Adolescents also spoke of the importance of initially accessing family members, as they play a pivotal role in eventually seeking formal supports when necessary. Steven

reported, “Everyone around me keep pushing, my uncle said, you need to take care of yourself, and I thought maybe, you know, counseling will be good for me, so I followed my mom to start the program (Samuel, 2015, p. 39). Another adolescent male above 16 years of age wished he had accessed informal support through family members earlier, as it would have led them to formal support sooner, “I think I made matters worse cos I, I could have, if I had spoken about it, I could have definitely got the right help, earlier (Gronholm et al., 2017). An African American adolescent male talked about the family expectation that he seek support via family instead of requesting formal support, “Because they feel as though why go to a counselor when I could come to them (Lindsey et al., 2006, p. 53).

Many adolescents specifically mentioned their mothers as a primary source of informal support when experiencing psychological problems. One adolescent in Australia reported, “You know you can trust your Mum” (Wilson & Deane, 2001, p. 352) amidst a conversation about trust being a critical component in help-seeking from any source. A perinatal Mexican American adolescent spoke about the ability of her mother to recognize that she needed psychological support, when the adolescent wasn’t able to do so for herself, “My mother was actually telling me that I wasn’t being myself (Recto & Champion, 2018, p. 114). An African American male adolescent spoke about seeking help from his mother after he has tried to manage difficulty on his own:

When problems are too bad where I just can’t, I can’t stop them, I can’t do nothing, can’t control it or nothing. I try to go out and play, but for some reason it

pops back up in my head, and I can't get it out so I go to her [referring to his mother]. (Lindsey et al., 2006, p. 52)

Participants also spoke of the role that their mothers played in seeking help through formal avenues. William talked about the part that his mother played in accessing support to address psychological issues in an effort to be in a better space emotionally to complete life goals:

My mom really pushed me a lot. She say counseling will help you. The counselors will help you put your mind together and think about finishing school and go to college, so I agree to try it. I think I have been doing better trying to stay out of trouble. (Samuel, 2015, p. 39)

A male adolescent noted that his mother was the person who initially recognized that he was struggling and made the referral to a counselor, "My mom, yeah. Because she thought I had, you know, problems, issues or whatever. She just got me a counselor (Lindsey et al., 2006, p. 53).

Within informal networks, participants in this study identified both positive and negative aspects of help-seeking for psychological support from family members. Of those that did choose to utilize family members, many identified their mothers as their strongest supports. Participants reported that their mothers were strong supports in the areas of problem recognition and also key facilitators to seeking help via formal networks, if necessary.

Friends. The second subtheme under informal avenues of psychological support that emerged within this data set involved psychological help-seeking from friends.

Many adolescents in this meta-synthesis did not see friends as a safe source of support.

One adolescent spoke about why he would not tell his friends if he needed formal mental health treatment, “They’d probably think—they might joke around and say like, it’s bad for me, you know, like I’m crazy or something so I would like keep it to my family and myself (Lindsey et al., 2006, p. 53). Others were afraid of judgment or that the information shared would be used against them at a later time, such as one minority youth who stated, “You tell something personal to a friend and then in an argument they use it against you” (Ijadi-Maghsoodi et al., 2018, p. 440). One older adolescent spoke about his lack of trust that friends truly would want to help him if he sought psychological support from them:

To be honest I ain’t telling my homeboys my problems because they ain’t gonna be there to help me. I am sure of that. They might be your homeboys one minute, [but] the next minute [they’ll] turn around and put your business out on the street. (Lindsey & Marcell, 2012, p. 357)

Although it was fairly uncommon in the studies in this meta-synthesis, adolescents did talk positively on occasion about seeking psychological support from friends. One homeless adolescent noted, “Sometimes when it’s been tough for me and I’ve been really down or angry, my friends have really helped me out. I talked to them and felt a lot better. It got it out of my system” (Collins & Barker, 2009, p. 377). A girl over the age of 16 who was at risk for developing psychosis talked about being sharing information about herself with a friend after the friend had proven that she would keep the information to herself, “I think as I started really opening up, we were really close and

then . . . I had trust in her and I knew she wouldn't tell anybody else" (Gronholm et al., 2017, p. 1848). However, for the most part, friends were not seen as a trusted source of informal support by the adolescents in this data set.

School. Schools were included as a subtheme under the main theme of informal supports in this study, since adolescents frequently referenced relationships with school personnel in an informal, rather than formal, manner with regard to psychological help-seeking. Many adolescents referenced teachers as viable sources of support, often times in lieu of a counselor. One minority youth stated, "There are a few teachers who I've formed pretty strong bonds with... sometimes they are better than counselors ... they'll talk to you about life in general" (Ijadi-Maghsoodi et al., 2018, p. 439) and another concurred, "The teacher could act like one way during the class, but after the class...He could be your mentor, your counselor. If I would tell her what was going on...she would tell me the right things to do" (p. 439).

As Lindsey and Marcell (2012) found, however, some adolescents, questioned the confidentiality of teachers when sharing psychological difficulties with them, stating, "A lot of teachers run their mouths off" and "Even though you think you cool with them, they still let your business out (p. 357). Another young person talked about being misled thinking that information shared is confidential, only to learn that is was not, "You be thinking when you talk to one teacher it's confidential [but] when you talk to another teacher, you know, it's out there (p. 358).

Other adolescents spoke about the need for people within the school that they could access with specific knowledge of mental health, including teachers, nurses, and

more formal sources of support. Sarah, age 18, thought that a mandatory session for all students would normalize the process (Tharaldsen et al., 2017, p. 119):

To make it the same for all students. I believe it would be very useful that everyone, in the beginning of the school year, had an individual session with the school nurse... it doesn't help much to talk with your teacher about what you want for the school year. . . . it also has to do with what you want socially If it was mandatory, kind of. It would have been like "ok, now I'm going to the school nurse". It's not like it's abnormal in a way. Everyone is going, right?'

Edith, age 17, and Jake, age 18 felt that schools should have people with adequate training available to provide psychological support to adolescents, "Someone educated within mental health. At least I would feel a bit more assured that they knew what they were doing" (p. 120) and "Someone specialised on the topic, a psychologist. It may be expensive, but it is actually something the school needs, because there's a lot of people that have it lousy (p. 120).

In summary, although adolescents primarily referenced teachers in an informal capacity, teachers, along with other school personnel often serve as a first point of contact for adolescents seeking support for psychological problems. Despite some young people having concerns about the confidentiality of information shared with teachers, many other adolescents indicate that they access teachers on a regular basis for support. This information is beneficial for developing interventions that would build upon these results and increase psychological help-seeking among adolescents.

Summary

The research question that guided this study was: “What are adolescents’ perceptions about barriers, facilitating factors and help-seeking preferences that shape the overall experience?” I narrowed down 632 studies of potential inclusion to 16 final studies and conducted a qualitative meta-synthesis in order to address the research question. I utilized NVivo, a computer software program, to store, organize and assist me with coding my data. Following Noblit and Hare’s (1988) methodology, I conducted a qualitative meta-synthesis which included the following steps:

1. Identifying an area of interest that qualitative synthesis might inform.
2. Selecting studies for inclusion after exhaustive literature search.
3. Reading selected studies to identify central concepts and themes relevant to topic of interest.
4. Determining how studies are related through alignment or opposition.
5. Translating studies into one another.
6. Synthesizing translations into themes.
7. Reporting results of the meta-synthesis.

Synthesis of the 16 studies resulted in the following themes and subthemes:

- Theme 1: Barriers
 - Subtheme 1: Self-reliance
 - Subtheme 2: Stigma
 - Subtheme 3: Mental health literacy
- Theme 2: Facilitators

- Subtheme 1: Mental health literacy
 - Subtheme 2: Trust
 - Subtheme 3: Helper characteristics
- Theme 3: Formal Pathways
 - Subtheme 1: Mental health professional/counselor
 - Subtheme 2: Medical Provider
- Theme 4: Informal Pathways
 - Subtheme 1: Family
 - Subtheme 2: Friends
 - Subtheme 3: School personnel

The patterns that emerged within the four themes did so consistently across the studies, despite the various demographic characteristics of the adolescents. For example, the most common barrier to seeking psychological support among adolescents was the culture of self-reliance. This was communicated by adolescents in various settings, indicating that rather than cultural or geographical influence, managing psychological difficulty alone may be reflective of the mindset of the developmental stage of adolescence. Stigma, both perceived external and internal with regard to experiencing psychological difficulty, and poor mental health literacy all presented formidable barriers to adolescent help-seeking. Facilitators included mental health literacy, trust in the helper, and various helper characteristics. The third theme that emerged in the dataset was the identification of formal pathways, with subthemes being mental health professional/counselor and medical providers. The final theme of informal pathways for

support included family, friends, and school personnel. In Chapter 5, I will present and interpret the findings of this study as they relate to the theoretical framework (Best et al., 2016), describe the potential positive impact on social change, and provide recommendations for further research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this meta-synthesis study was to synthesize findings from qualitative studies to identify commonalities among adolescents with regard to seeking support for psychological problems. I used a qualitative meta-synthesis design, which is becoming more common in social science research (Aguirre & Bolton, 2014; Bolton, Praetorius, & Smith-Osborne, 2016; Corcoran, Brown, Davis, Pineda, & Kadolph, 2013; Lachal, Revah-Levy, Orri & Moro, 2017; Lucero & Leake, 2016). In this chapter, I will summarize and interpret the key findings in this study. I will also discuss the limitations of the study, make recommendations for future research, and present social change and practice implications.

Summary of Key Findings

Using Noblit and Hare's (1988) methodology, I initially identified the area of interest as adolescent psychological help-seeking and completed an exhaustive search of the literature. I determined that 16 empirical research studies met the inclusion criteria for this QMS. These studies included participants who exhibited a variety of demographic characteristics. I used descriptive coding to iteratively analyze and synthesize the data into themes. Four major themes emerged from the data, along with subthemes for each major theme:

- Theme 1: Barriers
 - Subtheme 1: Self-reliance
 - Subtheme 2: Stigma

- Subtheme 3: Mental health literacy
- Theme 2: Facilitators
 - Subtheme 1: Mental health literacy
 - Subtheme 2: Trust
 - Subtheme 3: Helper characteristics
- Theme 3: Formal Pathways
 - Subtheme 1: Mental health professional/counselor
 - Subtheme 2: Medical Provider
- Theme 4: Informal Pathways
 - Subtheme 1: Family
 - Subtheme 2: Friends
 - Subtheme 3: School personnel

Interpretation of the Findings

Adolescence represents a developmental stage marked by significant emotional distress for many young people (Heerde & Hemphill, 2018; Bernstein et al., 2006). Yet most do not get the psychological support that they need to help them through this difficult time (Bernstein et al., 2006; Essau et al., 2000; Costello et al., 2014; Hankin et al., 2015; Harrington et al., 1996; Heerde & Hemphill, 2018; Kauer, et al., 2014; Powers et al., 2014; Rossen & Cowan, 2014; Thapar et al., 2012). The results of this meta-synthesis help to explain the perceptions of adolescents regarding psychological help-seeking to increase understanding of pathways for support as well as barriers and facilitating factors.

I utilized Best et al.'s (2016) pathways to online help-seeking as a conceptual framework to guide this study in synthesizing findings from qualitative studies and interpreting the findings. This conceptual model identified two distinct pathways for accessing psychological support (formal and informal) as well as barriers and facilitating factors to seeking support. Although this framework was developed to help explain adolescent psychological help-seeking online, it was also helpful to provide insight into how adolescents perceive help-seeking in virtual and face-to-face formats.

Formal pathways of accessing support. Formal pathways referenced by adolescents involved either (a) mental health professional or counselor or (b) medical provider. These formal pathways of support can be initial points of professional contact for adolescents with regard psychological help-seeking. However, most adolescents both inside and outside of the meta-synthesis study indicated that they did not perceive formal sources to be viable sources of psychological support.

Adolescents identified the primary barrier to accessing formal support from both mental health professionals or counselors and medical providers as lack of trust, citing uncertainty that the information shared would be kept confidential (Collins & Barker, 2009; Corry & Leavey, 2017; Lindsey & Marcell, 2012; Recto & Champion, 2018; Samuel, 2015). These findings were consistent with other studies in which most adolescents revealed that they did not seek psychological support via formal avenues due to lack of trust in formal helper. For example, Rickwood et al. (2005) examined 19 studies on help-seeking and found that adolescents believed that formal avenues of support were less desirable because of fear of confidentiality. In their systematic review

of empirical research, Rowe et al. (2014) and Klineberg, Kelly, and Stansfeld (2013) confirmed that the fear that confidentiality would be breached prevented adolescents' who self-harmed from seeking psychological support.

When attempting to understand why there is a general mistrust of formal sources of support among adolescents, it is possible that a perceived lack of respect for young people's knowledge of mental health problems and/or negative past experiences are contributing factors. Adolescents have reported feeling that formal sources of support do not respect their ability to assess their own psychological situation (Corry & Leavey, 2017; Recto & Champion, 2018). People may be reluctant to enter into a supportive relationship with a helper if they feel that they may not take their concerns seriously. Contributing to the mistrust, adolescents have also reported that prior negative interactions with formal sources of support have contributed to their reluctance to access them in the future (Gulliver et al., 2012; Rickwood et al., 2005).

The combined effect of lack of trust, poor rapport including lack of respect, and previous negative experiences, has been a barrier to accessing psychological support through formal pathways among adolescents. Therefore, to increase the use of formal pathways for psychological support among adolescents, it is necessary to address the barriers around mistrust of formal sources. As a component of mitigating the trust barrier, strategies can be developed with facilitating and promoting trust in formal sources in mind.

Informal pathways of support. Informal pathways are typically identified as those that emerge from some type of relationship with the adolescent, including friends

and family members, or others within their social network (Rickwood & Braithwaite, 1994; Rickwood & Thomas, 2012). Although school personnel have been categorized under formal pathways in some studies and informal pathways in others, in this meta-synthesis, participants most often referenced school staff informally, along with family and friends, and were included in this informal pathway.

The results of empirical research indicated that adolescents typically preferred informal sources over formal sources of psychological support (Berger, Hasking & Martin, 2013; Goodwin, Mocariski, Marusic & Beautrais, 2013; Jorm & Wright, 2007; Kauer et al., 2014; Rowe et al., 2014). Previous research has indicated that friends are often the preferred pathway for informal support, even surpassing family members (Rickwood et al., 2005; Kauer et al., 2014). However, friends were not generally seen as viable sources of support among adolescents in the studies in this meta-synthesis. There was a lack of safety with disclosing personal information with peers, as many were afraid of being labeled as “crazy” or “gay” (Ijadi-Maghsoodi, et al., 2018; Lindsey et al., 2006; Samuel, 2015; Tharaldsen et al., 2017). Participants also expressed fear that the information would be used against them by friends, which was not present with any other source of help in this study (Gronholm et al., 2017; Lindsey et al., Lindsey & Marcell, 2012; 2006; Samuel, 2015; Tharaldsen et al., 2017). Stigma and lack of perceived benefit are deterrents that might explain why adolescents may not access friends for psychological support (Gulliver et al., 2012; Spence et al., 2016).

The preferred informal pathway for adolescents in this meta-synthesis study consisted of family members. Of those who identified family as the preferred informal

source of support, many found their mothers to be the best choice (Lindsey et al., 2006; Recto & Champion, 2018; Samuel, 2015; Wilson & Deane, 2001). Few adolescents spoke about not perceiving family members as viable options for psychological support, as they felt that families would either underreact by normalizing the problem or overreact and they would cause increased stress to be placed on family members (Camara et al., 2017; Samuel, 2015). Overall, however, family members continue to be a prominent source of informal support among adolescents experiencing psychological difficulty (Gulliver et al., 2012; Kauer et al., 2014).

Participants in this meta-synthesis also identified teachers as a source of informal support. Doubts around confidentiality when disclosing information to teachers did not seem to deter adolescents from seeking help from them. Participants seemed to place confidence in their teachers as sources of psychological support, as they were able to form strong emotional bonds with them. For instance, O'Connor et al. (2014) found that the belief that young people will receive support from whom they seek it often outweighs any potential barriers. Thus, although adolescents may doubt the confidentiality of information shared with teachers, the perception that they will benefit from seeking help outweighs the concern.

In summary, social relationships continue to have significant potential to influence psychological support. Informal sources of support serve two roles in psychological help-seeking among adolescents: (a) helping them to identify the problem and (b) acting as the catalyst in the transition to formal sources of support (Hernan et al., 2010; Pattyn et al., 2014; Rickwood et al., 2015). Interventions focused on strengthening

these two roles by informal supports may increase mental health service utilization among adolescents.

Barriers. Barriers to accessing psychological support were referenced directly by participants in the qualitative empirical studies more than any other theme. Barriers significantly restrict, or altogether prohibit, help-seeking. Participants indicated that the three primary barriers, or subthemes, included (a) self-reliance, (b) stigma, and (c) mental health literacy. These findings were consistent with other research that identified reasons why young people did not seek support.

Adolescents in this study overwhelmingly indicated that self-reliance and the need to appear as “strong” was important and significantly restricted help-seeking, which may correlate to their development of autonomy. This barrier did not discriminate by gender, geographic location, ethnicity, or specific psychological problem in this meta-synthesis nor other research conducted (Heerde & Hemphill, 2017; Kauer et al., 2014; Rickwood et al., 2005; Spence et al., 2016). The belief by young people that they must manage psychological difficulties on their own, as if it were a rite of passage to adulthood, continues to prevail.

Stigma, often referred to as the attitudes and beliefs about mental health and mental illness that influence negative stereotyping (Mental Health Commission of Canada, 2009), emerged as the second subtheme under the main theme of barriers. Young people often fear being seen as “crazy” or “weak” if they need psychological support, as was conveyed in this meta-synthesis as well as in other empirical research (Gronholm et al., 2017; Gulliver et al., 2012; Ijadi-Maghoodi et al., 2018; Lindsey et al.,

2006; Rowe et al., 2014; Samuel, 2015; Spence et al., 2016; Rusch et al., 2014; Tharaldsen et al., 2017). African-American males also reported fear of being seen as “gay” if they acknowledged the need for psychological support. The beliefs of young people surrounding psychological support serve as a barrier to help-seeking and should be challenged.

Notably, when adolescents talked about stigma as it related to mental health they acknowledged that stigma would not serve as a barrier to help-seeking for a physical problem. As one minority youth shared when referencing accessing a school-based health center, “A person wouldn’t be embarrassed for a physical, but they would be embarrassed to come talk about their depression” (Ijadi-Maghsoodi et al., 2018, p. 440). A girl under the age of 16 spoke about how the stigma surrounding emotional problems included attention-based motives when compared to physical ailments, “Like if you broke your leg, people wouldn’t assume you did it for attention . . . But if you like cut yourself, people would assume it [that this is done for attention]” (Gronholm et al., 2017). The delineation between perception of help-seeking for psychological versus physical problems may warrant further exploration to achieve a universal mindset regarding help-seeking.

Mental health literacy also emerged as a subtheme in this study under barriers, but adolescents were also vocal that this could be an important facilitating factor for seeking support as well. This presents a unique opportunity to look at both sides of this issue with regard to help-seeking. Within this subtheme, adolescents communicated mental health literacy as a barrier, citing difficulty recognizing when they had a problem,

normalizing it even when they did recognize it, and accessing necessary supports due inadequate knowledge of existing supports or how to access them (Boyd et al., 2007; Camara et al., 2017; Collins & Barker, 2009; Recto & Champion, 2018; Tharaldsen et al., 2017; Wilson & Deane, 2001). These findings were consistent with other research that found that not knowing when or how to seek help negatively influenced the help-seeking process (Gulliver et al., 2012; Rowe et al., 2014). On the other hand, increasing knowledge of problem recognition and where to seek support were found to be facilitating factors and potentially improve psychological support utilization rates (Ijahdi-Maghsoodi et al., 2018; Tharaldsen et al., 2017; Wilson & Deane, 2001). There is significant potential to improve mental health literacy among adolescents, particularly in the areas of self-reliance and stigma, thus addressing multiple layers of barriers to psychological help-seeking.

Facilitators. Facilitators to psychological help-seeking emerged in this study in the areas of mental health literacy, as discussed, along with trust and helper characteristics. Addressing aspects of mental health literacy, such as problem recognition, stigma, and identification of sources of support has the potential to promote positive help-seeking. Increasing mental health literacy by directly addressing the attitudes and perceptions that influence the desired behavior of seeking help is likely an effective strategy to promote psychological help-seeking (Gulliver et al., 2012; Kauer et al., 2014; O'Connor et al., 2014; Rowe et al., 2014).

Trust continues to play a significant facilitating role in the decision of young people to seek psychological support. Adolescents need to establish a trusting

relationship with their source of help or have some assurance of confidentiality through sources such as a school counselor prior to disclosing personal information (Gronholm et al., 2017; Ijadi-Maghsoodi et al., 2018; Recto & Champion, 2018; Rickwood et al., 2005; Rickwood et al., 2007). It also resonated throughout this meta-synthesis that it was important to adolescents that their helpers be caring, good listeners, non-judgmental, genuine, relatable, and empathic (Collins & Barker, 2009; Corry & Leavey, 2017; Johnson & Menna, 2017; Molock et al., 2007; Wilson & Deane, 2001). There is an increasing body of literature focusing on the Internet as an avenue for adolescent psychological support as it reduces logistic barriers such as cost, access, transportation, among others (Anderson & Titov, 2014; Best et al., 2016; Duggan & Brenner, 2012; Kauer et al., 2014; Laranjo et al., 2014; Sampasa-Kanyinga & Lewis, 2015). However, crucial facilitating factors to young people include trusting relationships with people who exhibit the identified characteristics that are typically present in face-to-face human interactions. Interventions should be developed with specific awareness to the identified facilitating factors of mental health literacy, trust, and helper characteristics.

Limitations of the Study

Limitations that are inherent to qualitative research were present in this study as well. One limitation was the lack of generalizability of the results to the larger population with regard to adolescents in certain locations or time periods (Polit & Beck, 2010). For example, although some studies in this meta-synthesis were conducted in the same country, or region, it is not reasonable to assume that the findings would be generalizable to all adolescents in that country or region. Similarly, whereas some

studies explored help-seeking during a specific time period, such as early or late adolescence, the findings cannot be generalized to encompass all periods within the larger time frame of adolescence. Also, some studies explored a specific psychological problem, such as depression, which limits the ability to generalize the findings to other psychological problems. Although this study is limited in terms of external generalization to the aforementioned factors, there is potential to generalize the findings internally within the group of adolescents in this study with regard to the central phenomenon of psychological help-seeking (Maxwell, 2005).

The specific methodology of meta-synthesis presented additional limitations in this study with regard to the original studies. First, since the data in the 16 empirical studies was not collected by this researcher, I had to rely on the original researchers' interpretations, which could have potentially been influenced by researcher bias. Therefore, I was not able to view the raw data in the individual studies and relied on the researchers' interpretations of their data. Second, the studies included in this meta-synthesis were identified through a search strategy that utilized very specific search criteria. As a result, it is possible that studies were missed that were not flagged according to the criterion sampling strategy that may have proved useful in increasing understanding of this phenomenon. Lastly, the findings from this study were limited, as the individual studies utilized various qualitative methodologies were utilized as opposed to one approach, which is typical in qualitative research.

Finally, this QMS did not focus on a causal relationship with regard to adolescent psychological help-seeking. There is great benefit in social science research to determine

causal relationships within the examination of social problems. Further quantitative research would likely be helpful to explore this phenomenon from a different aspect using an alternative methodology.

Recommendations

Adolescents in the individual empirical studies in this meta-synthesis clearly articulated that they prefer to access psychological support via informal avenues. However, much research effort involves examining formal, or a combination of formal and informal pathways. Based on the results of this study, it is recommended that future research focus on informal avenues of psychological support, specifically ways in which to increase those factors that facilitate access and disclosure. Adolescents indicate that the preferred informal avenues are family members and school personnel. Future research may be beneficial to learn more about what factors draw them to these sources of support. Although adolescents prefer friends over formal sources, they were the least desirable informal source of support in this study. An additional area of focus that may increase understanding would be to explore factors that may contribute to the reluctance of adolescents to access support from friends. Finally, quantitative inquiry regarding informal sources may be beneficial to identify whether causal relationships exist between adolescents and various sources of support.

Further research to increase understanding of the reluctance of adolescents to seek support from formal sources is implicated from the results of this study. Since medical providers, such as general practitioners, are often the first point of professional contact for adolescents, future research should focus on exploring the perceptions and attitudes of

providers with regard to their role in adolescent psychological wellness. This study revealed that, for the most part, young people do not feel comfortable broaching the subject with their medical provider. Future inquiry may be beneficial to better understand the barriers to care via this avenue. For example, specific inquiry into whether the barrier exists on behalf of the adolescent (i.e. not feeling comfortable to disclose) or the practitioner (i.e. outside of the scope of their expertise), or a combination of the two, may help shape future interventions.

Finally, this research highlighted the concept of self-reliance among adolescents as it related to managing poor psychological health. Many participants spoke as if it was expected at this developmental stage as one transitions to adulthood. Future research may be beneficial to explore this belief that somehow it is a rite of passage to rely on oneself to work through emotional difficulty. Understanding this phenomenon may assist both formal and informal sources to support adolescents during psychological difficulty.

Implications

This study yielded several implications at both the policy and practice levels to create social change in the area of adolescent psychological well-being, most notably in schools. Young people indicated that there is a great possibility of impacting change by promoting help-seeking facilitators and mitigating barriers to accessing support and there is perhaps no other institution as favorably positioned for this task as the public school system. Schools are potentially able to increase facilitating factors as well as address barriers to psychological help-seeking among adolescents.

Adolescents in this meta-synthesis were clear about their trust in their teachers and what they would like to see for change that would help them access support in that setting. Although young people often express doubt about the confidentiality of what they share with teachers, they continue to seek support from them. In order to address this concern and further enhance help-seeking at school, a policy level change could include mandatory teacher trainings to discuss the limitations to confidentiality and help teachers effectively communicate this to young people. Other aspects of school personnel training should include improving mental health literacy to facilitate psychological help-seeking among adolescents, including problem recognition and improving knowledge of how to direct them to appropriate formal supports, if necessary. Adolescents routinely report that they have difficulty recognizing when they need help as well as knowing where and how to access supports when they do (Bradford & Rickwood, 2014; Camara et al., 2017; Gulliver et al., 2012; Ijadi-Maghsoodi et al., 2018; Kauer et al., 2014; Recto & Champion, 2018; Rowe et al., 2014; Tharaldsen et al., 2017; Wilson & Deane, 2001). Young people spoke about the need for mental health education to be available to everyone as part of the general curriculum, indicating that this would be well received (Collins & Barker, 2009; Tharaldsen et al., 2017). This would, in a sense, normalize psychological difficulties in an effort to reduce stigma as well as provide information with regard to available support. Improving mental health literacy should also address the culture of self-reliance which was identified as a significant barrier to help-seeking among adolescents (Collins & Barker, 2009; Gronholm et al., 2017; Lindsey et al., 2006; Samuel, 2015; Wilson & Deane, 2001). Mental health literacy for both staff

and students could be significantly increased through minor changes in both policy and practice to better inform both students and school personnel.

Other practice implications came to light during this study as well. Notably, most desired sources of support were informal. As indicated, one desired source was school personnel and the other was family, most often mothers, that adolescents sought psychological support for. This is significant, as mothers play an important role, not only for providing support, but also as a transition to formal services, if necessary. Mothers are part of the group of that Wilson and Deane (2001) refer to as “key adults” within the informal network of young people that can help guide them to additional services. Practical implications to address education around this and support mothers of adolescents in need may include a collaboration between parents and schools to support the transition to formal services.

Although medical providers were generally not viewed by adolescents as viable sources of help, there is potential to influence this through practice change. Just as parents and school personnel are the first point of informal support for adolescents, medical providers or general practitioners are viewed as the initial contact for psychological support and will ultimately aid in the transition to formal mental health services (Burns & Birrell, 2014; Rusch et al., 2014). The problem is that although families and other providers assume that this is happening, adolescents are not actually seeking support from their medical providers. As adolescents in this meta-synthesis conveyed, the relationships with medical providers would need to include trust that may need to be built over time. An emphasis on rapport and trust building is a practice

implication that may facilitate psychological help-seeking among adolescents. As Rickwood et al. (2005) noted, general practitioners, when utilized, can serve as essential gate-keepers to mental health care.

Although Best et al. (2016) pathways to care framework highlighting formal and informal pathways to care was developed to explore barriers and facilitators to online help-seeking within the context of formal and informal pathways, this framework also helped to explain this phenomenon among adolescents in offline settings as well. In fact, the findings with regard to facilitating factors of trust and helper characteristics indicated that these could best be developed and nurtured in in-person environments. Adolescents indicated that they placed significant emphasis on helper characteristics such as caring, genuineness, and empathic, among others. Since these characteristics are developed most often in face-to-face situations, practice implications could include increasing opportunities for adolescents to access in-person supports. This could be achieved within multiple settings including on-site supports at school as well as medical settings.

Conclusion

The staggering number of young people in need of psychological support, combined with the low number who actually receive support, indicates that more needs to be done to understand how to help young people access the support that they need. This meta-synthesis study was conducted to explore perceptions about barriers, facilitating factors, and help-seeking preferences for psychological help-seeking among adolescents.

This study confirms that many barriers still exist that prevent adolescents from seeking, and ultimately receiving, psychological support. The results from this study are

in alignment with previous studies that indicate that self-reliance, mental health literacy, and stigma continue to prevent psychological help-seeking among young people (Bradford & Rickwood, 2014; Gulliver et al., 2012; Heerde & Hemphill, 2017; Kauer et al., 2014; Rusch et al., 2014; Spence et al., 2016). This study indicated that these barriers were present across demographic characteristics of participants in the individual qualitative empirical studies.

Of all sources of support studied in this meta-synthesis, including both formal and informal sources, schools seem to be the most well-suited to develop practical implications to mitigate the identified barriers. Along with access to adolescents, school administrators have the ability to develop practices and policies to improve mental health literacy for both staff and students, including challenging the culture of self-reliance and reducing stigma surrounding help-seeking. Adolescents have told researchers that they prefer to access informal sources of support, which at school often means that they are talking with teachers and other trusted adults within the school setting about psychological difficulties. Implementing policies and practice strategies to adequately equip school personnel to be an effective first point of contact will likely help alleviate the barriers to adolescent psychological help-seeking.

Another informal source of support that adolescents in this meta-synthesis study identified were mothers. As Pattyn (2014) found, informal sources of support not only facilitate the transition to formal supports but are also helpful in maintaining treatment outcomes. Ideally, families and school personnel should join together to strengthen the

informal pathway of support that Best et al. (2016) proposed in their conceptual framework.

Perhaps, the perfect marriage of pathways should come in the form of formal sources of support, such as general practitioners, working alongside informal sources of support, including families and trusted school personnel with regard to concern for a young person. Together, families, schools, and professionals may be able to minimize any and all potential barriers to adolescent psychological help-seeking by ultimately creating one united comprehensive pathway to care. Until then, the results of this meta-synthesis provide hope that through change in practice and policy, schools and families can work together to increase psychological help-seeking and assist with the transition to formal services.

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Appendix: Preliminary Coding Framework

Facilitators	Barriers	Formal Pathways	Informal Pathways	Online Pathways	Face-to- Face Pathways
Attitudes					
Perceptions					
Beliefs					